

ANDARE CONDOMINIUM ASSOCIATION

C/O VISION COMMUNITY MANAGEMENT
16625 S Desert Foothills Pkwy Phoenix, AZ 85048
(480) 759-4945 FAX (480)759-8683
Email: andare@wearevision.com

MANUAL POOL KEY REQUEST FORM

Homeowner Name: _____ Date: _____

Property Address: _____ Lot #: _____

Phone Number: (____) _____ - _____ Email: _____

Mailing Address (If different from property address for mailing of the key(s)):

(If Applicable)

_____ I would like to authorize the following Tenant/Property Manger to receive the pool fob.

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGEMENT

I, HEREBY ACKNOWLEDGE REQUEST FOR THE MANUAL POOL KEY FOR ANDARE CONDOMINIUM. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. MANUAL POOL KEYS MAY BE PURCHASED AT A COST OF **\$4.00 EACH**.
(ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO ANDARE CONDOMINIUM ASSOCIATION)

Homeowner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

OFFICE USE ONLY

Date Pick-up	Date Mailed	Check/Money Order #	Payment Amount	Current on Assessments	Key Fob Number