

Pointe Community Association
C/O VISION COMMUNITY MANAGEMENT
16625 S Desert Foothills Pkwy
PHOENIX AZ 85048
(480) 759-4945 FAX (480)759-8683
Email: pointecommunity@wearevision.com
POOL KEY REQUEST FORM

AMOUNT OF KEY(S) REQUESTING _____

Homeowner Name: _____

Date: _____

Property Address: _____

Lot/Unit #: _____

Email Address: _____

Phone Number: (____) _____ - _____

Mailing Address (if different from property address of where to mail the key(s)):

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEY(S) FOR THE POINTE COMMUNITY ASSOCIATION. I
ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. KEYS ARE \$50.00 EACH.
(ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO POINTE COMMUNITY ASSOCIATION)

Homeowner Signature: _____

Date: _____

Property Manager Signature: _____

Date: _____

(OFFICE USE ONLY)

Date: _____ Mailed Key / Date: _____ Picked-up Key Administrator Initials: _____
Check/MO # _____