

# 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

## POOL FOB 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 POOL FOB FOR ANDARE CONDOMINIUM. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. POOL FOB MAY BE PURCHASED AT A COST OF **\$15.00 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