

SCOTTSDALE TERRACE CONDOMINIUMS
C/O VISION COMMUNITY MANAGEMENT 16625 S.
Desert Foothills Parkway PHOENIX, AZ 85048
(480) 759-4945 FAX (480)759-8683
Email:scottsdaleterrace@wearevision.com
FITNESS/POOL CARD REQUEST FORM

Number of card(s) _____

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (____) _____ - _____ E-Mail _____

Mailing Address (if different from property address):

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S CARD FOR SCOTTSDALE TERRACE
CONDOMINIUM. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE CARD IS PROHIBITED.

LOST/REPLACEMENT CARD MAY BE REPLACED AT A COST OF **\$25.00 EACH**.

**(ONLY MONEY ORDER OR CHECK MADE OUT TO SCOTTSDALE TERRACE IS ACCEPTED, AND THE
ACCOUNT MUST BE CURRENT AND PAYMENT MUST BE RECEIVED INORDER TO RECEIVE A CARD)**

Homeowner Signature: _____ Date: _____

Property Manager Signature: _____ Date: _____

(OFFICE USE ONLY)

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