

CASA BLANCA VILLAS  
C/O VISION COMMUNITY MANAGEMENT  
16625 S. DESERT FOOTHILLS PARKWAY  
PHOENIX, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: Casablancavillas@wearevision.com  
**POOL/PEDESTRIAN GATE KEY REQUEST FORM**

Number Key(s) \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Unit #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different from property address): \_\_\_\_\_

\_\_\_\_\_

**(If Applicable)**

Tenant Name: \_\_\_\_\_

Property Management Name/Address: \_\_\_\_\_

\_\_\_\_\_

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL/PEDESTRIAN KEY(S) FOR CASA BLANCA VILLAS. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED.  
THE COST OF A KEY MAY BE PURCHASED IN THE AMOUNT OF \$7.00 EACH.

(ONLY MONEY ORDER OR CHECK MADE OUT TO CASA BLANCA VILLAS HOA ARE ACCEPTED)

Homeowner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

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Date: \_\_\_\_\_ Mailed Key / Date: \_\_\_\_\_ Picked-up Key Administrator Initials: \_\_\_\_\_

Check/MO # \_\_\_\_\_