## **TOWN LAKE CONDOS**

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

## STORAGE KEY REQUEST FORM

(Please Print)

Homeowner Name:			Date:		
	Lot #:				
Phone Number: (_		Email:		<del></del>	
Mailing Address (If	different from prop	perty address for m	nailing of the	key(s)):	
		(If Applicabl	le)		
I would like to authorize the following Tenant/Property Manger to receive the storage key(s).					
I would like	to authorize the fol	lowing Tenant/Pro	perty Mange	er to receive the s	torage key(s).
Tenant Name:					
Property Management Name/Address:					
HOMEOWNER ACKNOWLEDGE					
I, HEREBY ACKNOWLEDGE REQUEST FOR THE KEY(S) FOR TOWN LAKE CONDOS. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. KEYS MAY BE PURCHASED AT A COST OF \$20.00 EACH.  (ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO TOWN LAKE CONDOS)					
Homeowner Signa	ture:	Date:			
Property Manager Signature:			Date:		
(OFFICE USE ONLY)					
Date Pick-up Key	Date Mailed Key	Check/Money	Payment	Current on	Administrator
		Order #	Amount	Assessments	Initials