

LA BUENA VIDA II  
C/O VISION COMMUNITY MANAGEMENT  
16625 S. Desert Foothills Parkway  
PHOENIX, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: labuenavida@wearevision.com  
**POOL KEY REQUEST FORM**

Number of key(s) \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Lot/Unit #: \_\_\_\_\_

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

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

\_\_\_\_\_

**(If Applicable)**

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

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

\_\_\_\_\_

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEY(S) FOR LA BUENA VIDA II. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. LOST/REPLACEMENT KEYS MAY BE REPLACED AT A COST OF \$5.00 EACH.

**(ONLY MONEY ORDER OR CHECK MADE OUT TO LA BUENA VIDA II HOA IS ACCEPTED, AND THE ACCOUNT MUST BE CURRENT AND PAYMENT MUST BE RECEIVED IN ORDER TO RECEIVE KEY(S))**

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

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

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**(OFFICE USE ONLY)**

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