

**GREENWAY ESTATES CONDOMINIUM ASSOCIATION**

C/O VISION COMMUNITY MANAGEMENT

16625 S Desert Foothills Parkway

PHOENIX AZ 85048

(480) 759-4945 FAX (480)759-8683

Email: greenwayestates@wearevision.com

**POOL KEY REQUEST FORM**

**\*\*Payment and form must be returned in order to have key mailed out\*\***

**Amount of Keys** \_\_\_\_\_

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

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

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

Mailing Address (if different from property address for mailing of the key(s)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If Applicable)**

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

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

\*Tenants/Management Companies must have homeowner authorization to obtain key\*

**HOMEOWNER ACKNOWLEDGEMENT**

I, hereby acknowledge that duplication of the pool/gate key is prohibited. Lost/Additional fobs may be purchased at a cost of **\$10.00**. Guests of Homeowners will observe pool rules and regulations posted. **(ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO GREENWAY ESTATES)**

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

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

**(OFFICE USE ONLY)**

Administrator: \_\_\_\_\_ Mailed Key / Homeowner Pick-Up (Circle One)  
Date: \_\_\_\_\_ Check/MO # \_\_\_\_\_