

Union Hills Condominium Unit Owners Association

c/o Vision Community Management

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GATE REMOTE REQUEST FORM

Amount of Remotes _____

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)

Please note, remotes will not be released to tenants or management companies without written homeowner authorization on file.

Tenant Name: _____

Property Management Name/Address:

Phone Number: (_____) _____ - _____ Email: _____

HOMEOWNER ACKNOWLEDGEMENT

Lost/Additional Remotes may be replaced at a cost of **\$50.00**. **(ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO UNION HILLS CONDOMINIUM UNIT OWNERS ASSOCIATION)**

Homeowner Signature: _____ Date: _____

(OFFICE USE ONLY)

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