

# GREENFIELD HEIGHTS COMMUNITY

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

## PEDESTRIAN GATE KEY REQUEST FORM

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

Property Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

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

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

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**(If Applicable)**

\_\_\_\_\_ I would like to authorize the following Tenant/Property Manger to receive the pool fob.

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

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

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### HOMEOWNER ACKNOWLEDGEMENT

I, HEREBY ACKNOWLEDGE REQUEST FOR THE KEY(S) FOR GREENFIELD HEIGHTS COMMUNITY ASSOCIATION. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. KEYS ARE \$10.00 EACH. (ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO GREENFIELD HEIGHTS COMMUNITY ASSOCIATION)

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

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

**(OFFICE USE ONLY)**

Date Pick-up	Date Mailed	Check/Money Order #	Payment Amount	Current on Assessments	Key Fob Number