

LA FUENTE CONDOMINIUMS ASSOCIATION, INC.

C/O VISION COMMUNITY MANAGEMENT
16625 S DESERT FOOTHILLS PKWY
PHOENIX, AZ 85048

PHONE (480) 759-4945 FAX (480)759-8683
EMAIL: LAFUENTE@WEAREVISION.COM

PROX CARD 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 **\$35.00. (ONLY MONEY ORDER OR CHECK
ACCEPTED - PLEASE MAKE PAYABLE TO LA FUENTE CONDOMINIUMS)**

Signature of Person Receiving Remote: _____ Date: _____

(OFFICE USE ONLY)

Administrator: _____ Mailed Key / Homeowner Pick-Up (Circle One)

Date: _____ Check/MO # _____

Card Number: _____