

Highline Ranch
C/O VISION COMMUNITY MANAGEMENT
16625 S. Desert Foothills Parkway
PHOENIX AZ 85048
(480) 759-4945 FAX (480)759-8683
Email: highlineranch@wearevision.com

GATE KEY REQUEST FORM

AMOUNT OF KEY(S) REQUESTING _____

Homeowner Name: _____

Date: _____

Property Address: _____

Lot/Unit #: _____

Phone Number: (____) _____-_____

Mailing Address (if different from property address of where to mail the key(s)):

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE GATE KEY(S) FOR HIGHLINE RANCH HOMEOWNERS ASSOCIATION.
I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. LOST/REPLACEMENT KEYS MAY BE
REPLACED AT A COST OF \$5.00 EACH.

***** ALL HOMEOWNERS MUST BE CURRENT TO RECEIVE A KEY *****

(ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO HIGHLINE RANCH HOA)

Homeowner Signature: _____

Date: _____

Property Manager Signature: _____

Date: _____

(OFFICE USE ONLY)

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