

Brighton Park Community Association, Inc.  
C/O Vision Community Management  
16625 S Desert Foothills Pkwy  
Phoenix, AZ 85044  
(480) 759-4945 FAX (480)759-8683  
Email: brightonpark@wearevision.com  
**PEDESTRIAN 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: \_\_\_\_\_

\_\_\_\_\_

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEY(S) FOR BRIGHTON PARK COMMUNITY ASSOCIATION, INC. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. KEYS MAY BE OBTAINED AT A COST OF **\$10.00 EACH**.

**(ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO BRIGHTON PARK COMMUNITY ASSOCIATION, INC)**

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

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