

Summit Shadows Community Association

C/O VISION COMMUNITY MANAGEMENT

16625 S. DESERT FOOTHILLS PARKWAY

PHOENIX AZ 85048

(480) 759-4945 FAX (480)759-8683

Email: SummitShadows@WeAreVision.com

PEDESTRIAN GATE KEY 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 PED GATE KEY(S) FOR SUMMIT SHADOWS.
I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED.
KEYS MAY BE PURCHASED AT A COST OF **\$5.00 EACH**.

Homeowner Signature: _____

Date: _____

Property Manager Signature: _____

Date: _____

(OFFICE USE ONLY)

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