

**PARK PREMIERE TOWNHOUSE ASSOCIATION**

C/O VISION COMMUNITY MANAGEMENT

16625 S. Desert Foothills Parkway

PHOENIX, AZ 85048

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

Email: parkpremiere@wearevision.com

**POOL KEY REQUEST FORM**

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

Property Address: \_\_\_\_\_

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

**(If Applicable)**

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

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

\_\_\_\_\_

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Please send my key to the following address (if different from the property address):

\_\_\_\_\_  
\_\_\_\_\_

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE RECEIPT POOL KEY(S) FOR PARK PREMIERE TOWNHOUSE ASSOCIATION. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. KEYS MAY BE PURCHASED AT A COST OF **\$15.00 EACH**.

**(ONLY MONEY ORDER OR CHECK ACCEPTED AND MADE PAYABLE TO PARK PREMIERE TOWNHOUSE ASSOCIATION)**

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 # \_\_\_\_\_