

# ATV-1

C/O VISION COMMUNITY MANAGEMENT  
16625 S Desert Foothills Pkwy Phoenix, AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: atv-1@wearevision.com

## KEY REQUEST FORM

(Please Print)

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

Property Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

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

Mailing Address (If different from property address for mailing of the key(s)):

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

**(If Applicable)**

\_\_\_\_\_ I would like to authorize the following Tenant/Property Manger to receive the pool key(s).

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

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

\_\_\_\_\_

### HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE KEY(S) FOR ATV-1. I ALSO ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. **IF THE KEY WAS NOT OBTAINED FROM THE PREVIOUS HOMEOWNER, YOU WILL BE CHARGED \$50.00, ANY REPLACEMENT KEYS WILL BE \$100.00.** ANY HOMEOWNER, WHO IS DELINQUENT ON ASSESSMENTS TO ATV-1 AND/OR AHWATUKEE BOARD OF MANAGEMENT (ABM), WILL BE REQUIRED TO BRING THEIR ACCOUNT CURRENT IN ORDER TO HAVE THE PRIVILEGE OF A POOL KEY.

**(ONLY MONEY ORDER OR CHECK ACCEPTED- PLEASE MAKE PAYABLE TO ATV-1)**

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

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

### (OFFICE USE ONLY)

Date Pick-up	Date Mailed	Check/Money Order #	Payment Amount	Current on Assessments	Administrator Initials