

**Artisan Parkview Condominium Association
c/o Vision Community Management
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048
Office: (480) 759-4945 Fax: (480) 759-8683
Email: artisan@wearevision.com**

PEDESTRIAN GATE KEY REQUEST FORM

Amount of Keys _____

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (_____) _____ - _____ Email: _____

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

(IF APPLICABLE)

Please note, keys will not be released to tenants or management companies without written homeowner authorization on file. Please contact Vision Community Management to ensure you are authorized to obtain a key.

Tenant Name: _____

Property Management Name/Address:

Phone Number: (_____) _____ - _____ Email: _____

HOMEOWNER ACKNOWLEDGEMENT

Lost/Additional keys may be replaced at a cost of **\$5.00. (ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO Artisan Parkview Condominium Association.)**

Signature of Person Receiving Key(s): _____ Date: _____

(OFFICE USE ONLY)

Administrator: _____ Mailed Key / Homeowner Pick-Up (Circle One)

Date: _____ Check/MO # _____