

Pointe Community Association  
C/O VISION COMMUNITY MANAGEMENT  
16625 S Desert Foothills Pkwy  
PHOENIX AZ 85048  
(480) 759-4945 FAX (480)759-8683  
Email: PointeCommunity@WeAreVision.com  
**POOL FOB REQUEST FORM**

**AMOUNT OF FOB(S) REQUESTED \_\_\_\_\_**

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

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

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

Lot/Unit #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Mailing Address (if different from property address of where to mail the fob(s)):

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

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**(If Applicable)**

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

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

\_\_\_\_\_

If the fob is to be mailed, then it will be mailed certified at an additional \$15.00.

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**HOMEOWNER ACKNOWLEDGE**

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S FOB(S) FOR THE POINTE COMMUNITY ASSOCIATION.  
FOBS ARE **\$50.00 EACH**. PLEASE ALSO INCLUDE AN ADDITIONAL **\$15.00** FOR THE CERTIFIED MAILING FEE.  
**(ONLY MONEY ORDER OR CHECK ACCEPTED-PLEASE MAKE PAYABLE TO POINTE COMMUNITY ASSOCIATION)**

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

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

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

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

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**(OFFICE USE ONLY)**

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