

The Gardens Inc.
Homeowners Association
C/O Vision Community Management
16625 S. Desert Foothills Parkway
Phoenix, AZ 85048
(480) 759-4945 FAX (480)759-8683
Email: thegardens@wearevision.com

POOL KEY REQUEST FORM

Number Key(s) _____

Homeowner Name: _____

Date: _____

Property Address: _____

Lot/Unit #: _____

Phone Number: (____) _____ - _____

Mailing Address (if different from property address): _____

(If Applicable)

Property Management Name/Address: _____

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE POOL'S KEY(S) FOR THE GARDENS I ALSO
ACKNOWLEDGE THAT DUPLICATION OF THE KEY(S) IS PROHIBITED. LOST/REPLACEMENT
KEYS MAY BE REPLACED AT A COST OF \$5.00 EACH.

(ONLY MONEY ORDER OR CHECK MADE OUT TO THE GARDENS HOA ARE ACCEPTED)

Homeowner Signature: _____

Date: _____

Property Manager Signature: _____

Date: _____

(OFFICE USE ONLY)

Date: _____ Mailed Key / Date: _____ Picked-up Key Administrator Initials: _____

Check/MO # _____