

Bella Terra Condominium Association

C/O VISION COMMUNITY MANAGEMENT
16625 S Desert Foothills Parkway
PHOENIX AZ 85048
PH (480) 759-4945 FAX (480)759-8683
Email: BellaTerra@wearevision.com

POOL CARD REQUEST FORM

Amount of key cards _____

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, key cards 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

There is a refundable deposit of **\$75.00** for each key card requested. Key cards are to be returned to Vision Community Management upon conveyance of the unit. Lost/stolen key cards must be reported immediately.

(ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO Bella Terra Condominium Association)

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

(OFFICE USE ONLY)

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

Date: _____ Check/MO # _____