

Park Palisades Homeowners Association, Inc

C/O VISION COMMUNITY MANAGEMENT

16625 S Desert Foothills Parkway

PHOENIX AZ 85048

PH (480) 759-4945 FAX (480)759-8683

Email: ShadowCanyon@wearevision.com

POOL 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

Key/Fob may be purchased for **\$10.00**. **(ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO SHADOW CANYON HOMEOWNERS ASSOCIATION)**

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

(OFFICE USE ONLY)

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

Date: _____ Check/MO # _____