

Castle Creek Community Pool Access Key Request Form

PLEASE PROVIDE AND PRINT ALL RESPOSNES TO AVOID DELAYS IN PROCESSING

This section MUST be completed by ALL Access Key Holders.

Name of Requestor: _____

Castle Creek Street Address: _____

Home/Cell Phone Number: _____

Name of Authorized Key User #1

_____ Cell Phone: _____

Name of Authorized Key User #2

_____ Cell Phone: _____

Is this a rental Unit: Y / N

Have you returned the "liability Waiver": Y / N

(**NO** access keys will be issued without this waiver signed and returned to the office)

**If you did not receive the one free key previously
provided for your property (such as from the prior Owner)
you will need to check the line below for a LOST KEY.**

REQUEST FOR ADDITIONAL ACCESS KEY CARD: X _____ (\$10.00 EACH Enclosed)*

LOST OR STOLEN KEY CARD: X _____ (\$10.00 EACH Enclosed)*

*PLEASE NOTE: We will accept a personal check or a One Time eCheck Payment through Alliance Bank Online. Please make the check payable to: "Castle Creek Homeowners Association". Payment must be made and processed before key(s) is/are issued.

By requesting access to the Castle Creek Pool you are agreeing to abide by all of the posted rules for use of the pool. Furthermore, you verify that you have signed and returned the Castle Creek Acknowledgement and Pool Waiver.

Signature: _____

Printed Name: _____

Date: _____

Below Line Management Use Only

Date Issued: _____ Access Card Number #1: _____

Date Issued: _____ Access Card Number #1: _____

Payment Amount: _____ Check Number: _____ Date of Payment: _____