

Beacon Hill Recreation (Rec.) Association Fob Request Form

PLEASE PRINT ALL RESPONSES CLEARLY TO AVOID PROCESSING DELAYS

This section MUST be completed by ALL Fob Requestors / Holders.

Name of Resident: _____

Street Address (APT): _____

Home/Cell Phone Number: _____

Email Address: _____

Name of Authorized Fob User #1

_____ Cell Phone: _____

Name of Authorized Fob User #2

_____ Cell Phone: _____

Is this a rental Unit: Y / N

If Yes, Owner's name and phone number: _____

Have you returned the "acknowledgement and pool waiver": Y / N

(NO FOBS WILL BE ISSUED WITHOUT THE ACKNOWLEDGEMENT AND POOL WAIVER SIGNED AND RETURNED TO THE OFFICE)

PLEASE INDICATE HOW MANY FOBS, IF ANY, YOU WOULD LIKE TO BE ISSUED, _____ (#)

EACH OWNER IS ELIGIBLE FOR UP TO TWO (2) FOBS PER UNIT.

By requesting pool and pool area access, you are agreeing to abide by all of the posted and written rules for their use. Furthermore, you verify that you have signed and returned the Beacon Hill Rec. Association acknowledgement and pool waiver.

Signature: _____

Printed Name: _____

Date: _____

Below Line for Management Use Only

Date Issued: _____ Access Fob Number #1: _____

Date Issued: _____ Access Fob Number #2: _____

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