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: