

PRINCESS ANNE GARDENS CONDOMINIUM ASSOCIATION

POOL PASS REGISTRATION FORM

OWNER INFORMATION:

Owner Name: _____

Property Address: _____

Mailing Address (if different from above): _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Management Contact (if applicable) and Phone Number: _____

RESIDENT INFORMATION (if property is rented):

Tenant Name (1): _____

Tenant Name (2): _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Registered Pool Pass #1: _____

Registered Pool Pass #2: _____

Registered Pool Pass #3: _____

Registered Pool Pass #4: _____

Pool Passes will be issued only if all required information is provided and the homeowner is current on all assessments.

I hereby certify that I am a resident of the Princess Anne Gardens Condominium Association. I wish to register for the current pool season and do hereby agree to abide by the Pool Rules and Regulations of the Association. I further agree that I shall be responsible for the actions of all members of my family and guests. I also acknowledge that I have read all of the Princess Anne Gardens Condominium Association Pool Rules and Regulations (located in the Association's Rules and Regulations). All persons using the Princess Anne Gardens Condominium Association Pool have read the Rules and also agree to abide by these rules. **If your unit is rented, please include a copy of your current lease agreement with your registration form, or else pass delivery will be delayed.**

Signature: _____ Date: _____