

Fox Glen Pool

Key Card and Authorization Form

Account # _____

Tenant: _____

OWNER NAME		
ADDRESS		
HOME PHONE		
CELL PHONE (1)		
CELL PHONE (2)		
EMAIL 1		
EMAIL 2		
KEY CARD NUMBER		

Individual Family Members	Date of Birth	Age	Wrist Band Color Assigned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I _____ certify that on _____ I received the key card to the Fox Glen pool along with the rules and will abide by these rules and instruct all members of my family and all guests of these rules and regulations.

Please initial the following:

_____ I have received the key card with number _____.

_____ I understand that if I owe any HOA dues my card will be deactivated.

_____ I have received the instructions on how the key card works.

_____ I agree that if my key card is lost I will contact the managing agent immediately so the number can be deactivated.

_____ I understand that if the gate and bathroom doors are left propped open and my card registers as the last used and the police are called, I will be fined BY the City of Charlotte FOR false alarm fee.

Signature _____ Date: _____