

UNIT _____

Pottsburg Crossing Pool Card Request

PLEASE PRINT LEGIBLY. THIS MUST BE COMPLETED BY ALL OWNERS.

OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL _____

I acknowledge receipt of 1 pool card key. I agree to abide by the Pottsburg Crossing governing documents, rules and regulations. I acknowledge that guests MUST be accompanied by a resident of my unit and that I am responsible for guests that I allow into the pool area. I understand that individuals under the age of 16 must be accompanied by an individual 18 years or older. I certify that I am current on my assessments and I understand that access to the pool area will be denied if I become more than 90 days past due in paying any monetary obligation due to the Association.

Signature _____ Date _____

If you are a landlord, please fill out below.

I, _____ authorize _____ to accept a key
Owner (Print) Name Tenant or Authorized Agent (Print) Name
on my behalf.

I acknowledge that I have provided the tenant with the Pottsburg Crossing Rules and Regulations and they understand their obligation to abide by them.

Owner Signature _____ Date _____

Tenant Signature _____ Date _____

Tenant Contact # (cell) _____ (work) _____

(email) _____

First card key: No Charge. Replacement card key: \$25.00. Only checks or money orders payable to Pottsburg Crossing Condo Assn are accepted. No cash.

Email to: pottsburgcrossingcam@comcast.net

Fax to: 904-638-1435

Mail to: Pottsburg Crossing
c/o The CAM Team
1008-120 Park Avenue
Orange Park, FL 32073