

Hillcrest Presidents Council
Amenity Access & Pool Gate Entry System
Key Fob Request Form with Waiver of Liability

PROPERTY OWNER APPLICANT:

Owner: Name: (Please Print) _____

Fob is requested on behalf of:

Resident Renter/Tenant Home Phone: (Include area code) _____

Cell Phone: (Include area code) _____

Building No: _____ Unit/Apt No: _____

Hillcrest Property Address: _____

Key Fobs may be requested by Owners ONLY of Hillcrest Buildings 1-18 and will be limited to the following conditions:

1. One (1) fob per residential unit. Residents/Property Owners with multiple units within Hillcrest Buildings 1-18 qualify for additional Fobs at one per unit (separate request form must be completed per unit). A fee of \$50.00 will be charged to replace a lost or stolen key fob.
2. Key Fob Transmitter Devices are available for all property owners for access into all pool areas. The same fob will work at all four pool areas. Fob will also grant entry into the Council Fitness Center, with receipt of completed waiver form.
3. Key Fob Transmitter cost: \$10.00 NOTE: Make Checks payable to Hillcrest Presidents Council.
4. Submit proof of ownership 1). copy of photo ID and a copy of tax bill or utility bill. For new residents include copy of executed Board Approval Form.

Please note that the Owners' Key Fob(s) can be transferred to their Tenants for *temporary* use during the lease period. When an Owner leases their unit, they give up the right to "Resident" privileges unless they also occupy an additional unit within Buildings 1-18 their primary residence.

=====

It is the responsibility of the Unit Owner to notify the Hillcrest Presidents Council at 800-680-9310 when an individual/tenant is no longer qualified for possession of a Key Fob. Use of an issued Key Fob Device by an unauthorized individual, or requesting a Key Fob Device for an individual who is known by a Responsible Party to be unqualified for the use of facilities of Hillcrest Presidents Council under the Rules and Regulations then in effect, may result in fines, the suspension of privileges and/or denial of the use of Hillcrest Presidents Council facilities with regard to the Property Owner and anyone for whom he/she has requested access. By signature, the undersigned acknowledges that he/she is utilizing the facilities including but not limited to, physical fitness equipment and activities, swimming pool, BBQ/grill areas, and all other related equipment, property, at his/her own risk and peril and agrees to assume responsibility for the rules compliance and actions of their guest(s) while using the facilities.

AUTHORIZED SIGNATURE(S):

_____ DATE:(mm/dd/yyyy) _____

_____ DATE:(mm/dd/yyyy) _____

FOR OFFICE USE ONLY:

Key Fob Request Received: _____ Issued: _____ by: _____

e-mail to: