

# Trailwood Heights Request for Pool Key (1 per Family)

Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this a request for a key because you did not receive one at closing?

Yes \_\_\_\_\_ No \_\_\_\_\_ **No Cost for 1<sup>st</sup> Key**

Is this a request for a second key? Yes \_\_\_\_\_ No \_\_\_\_\_ \$25.00 (check enclosed)

Is this a replacement for a lost key? Yes \_\_\_\_\_ No \_\_\_\_\_ \$25.00 (check enclosed)

Will this key be used by a renter of your home? Yes \_\_\_\_\_ No \_\_\_\_\_ (Owner responsible for actions of tenant.) If so please tell us their name and phone numbers. (Check must come from and key must be mailed to owner.)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please make your check payable to your HOA and send to:

CAS, Inc.  
PO Box 83  
Pinehurst, NC 28370

**I have read, understand and agree to abide by the enclosed pool rules. I understand that any documented violation to the rules may result in a fine of up to \$100.00 per violation, assessed to your account.**

\_\_\_\_\_  
**Signature of head of household / owner**

\_\_\_\_\_  
**Date**