

Card Number _____

Facility Code _____

Harvest Bend the Village Homeowners Association, Inc. Pool Access Application

Property Address _____

Do you own or lease? _____ If you lease/rent please provide the owners name.

*** Renters must provide written consent from owner permitting the renter to obtain a pool key ***

Owner/s Name _____

Family members residing at the property address (you must list the names, ages and date of birth):

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Conditions:

- ⇒ One swipe card will be issued per address. **Replacements for lost or stolen cards will be issued once the card has been de-activated at a cost of \$50.00.**
- ⇒ There is a charge of \$15.00 to process pool applications.
- ⇒ No Owner or Renter of a property delinquent in maintenance fees will be issued a card.
- ⇒ If the card must be de-activated and then re-activated for any reason, there will be a \$15.00 charge.
- ⇒ Cards will be de-activated for non-payment of maintenance fees and violations of published rules and regulations for thirty (30) days.

The lifeguards have the authority to enforce rules, confiscate your access card and remove individuals from the pool area for infractions of the rules. The Lifeguards may restrict use of the pool in crowded conditions, or alter the rules to ensure safety.

The Undersigned agrees to abide by and be bound by the rules and regulations for the operation safety of the swimming pool and facilities of Harvest Bend the Village H.O.A.

The Undersigned has read the conditions, rules and regulations and understands all items. The undersigned executed voluntarily and with full knowledge of this significance.

Owner Signature

Date

Tenant Signature (if applicable)

Date

_____ \$50.00 new or replacement card

_____ \$15.00 processing fee

_____ \$15.00 re-activation fee (*due only if current card has been deactivated*)

Office Use Only

Mailed: _____

Picked-up _____

Return **FORM AND CHECK OR MONEY ORDER** by mail or in person:

Sterling A.S.I – 6842 N Sam Houston Pkwy W, Houston TX 77064

832-678-4500, houston@sterlingasi.com, fax 832-678-4510