Clubhouse KeyCard Agreement

As a Clubhouse Key Card holder:

Owner Last Name

Preferred Name

I understand and agree that I am responsible for any and all actions with regards to this keycard and its use of the clubhouse at Parkside Townhomes. I also agree to abide by all rules as outlined in the "Parkside Clubhouse Rules and Regulations".

Home Owner's Association



Cell Phone

I understand that if my keycard is lost, a replacement cost of \$50 will apply. If my card is lost and someone uses my card, I will be held liable for damages. I will notify the HOA if my card is lost A.S.A.P. and it will be deactivated to prevent misuse. A new card will not be created until I request one.

OWNER KEY CARD APPLICATION

Owner First Name

Spouses Name

Primary email	Other email		Townhouse Address	;	
If you are an Owner Resident of your Townhouse,		, 18 and over, that are living with you, a			
lame	Mo/Yr Born	Name	Mo/\	∕r Born	
	110,112011	Hamo			
ame	Mo/Yr Born	Name		/r Born	
Owner Resident: By signing below, I he conditions provided herein, and agrivithout 18-year- old adult or older listed a guest does not abide by these rules as noticed, my clubhouse privileges would be my account and the lost card wand/or my current renters information.	ee to abide by said rules. I van de some present. I fully unde set forth. I understand that if Il be revoked. I understand to till be voided. I understand to the voided.	vill not allow any child or gues rstand the consequences and my association fees are not c that if I lose my key card, the r	t under the age of 18 to use club accept all liability if any membe urrent or if I have not remedied eplacement cost for a new card	phouse or pool r of my family o a CC&R violation of \$50 will be	
esident Owners Signature	DATE DD/MM/YYYY				
Owner Landlord: I currently do not re lubhouse privileges. I understand I am					
andlord Owners Signature			DATE DD/MM/YYYY		
	*RENTER KE	Y CARD APPLICATON			
enter Last Name	Renter First Na	ame	Cell Phone	Cell Phone	
referred Name	Spouses Name	е	Cell Phone	Cell Phone	
operty Address			Home Phone		
imary email	Other email		*Move in date DD/M	MAXXXX	
s a resident renter of the Townhouse, please lis		nd over, that are living with you, author		WUTTT	
nme	Mo/Yr Born	Name	Mo/\	Yr Born	
ime	Mo/Yr Born	Name		/r Born	
by signing below, I acknowledge receiving erein, and agree to abide by said rules. I resent. I fully understand the consequen nderstand that if my unit's association fe understand that if I lose my key card, the Application must be received within 7 lubhouse is restored.	will not allow any child or gue ces and accept all liability if ar es are not current or if I have i e replacement of \$50.00 will be	est under the age of 18 to use clay many member of my family or a gue not remedied a CC&R violation to charged and the lost card will	ubhouse or pool without a card ho est does not abide by these rules sa as noticed, my clubhouse privilege be voided.	lder listed above set forth. I es will be revoke	
Renters Signature			DATE DD/MM/YYYY		
	psboard@pshoa.r	net www.pshoa.ne	 t	12/1/2	