APPLICATION FOR ACCESS CARD

Access Cards are being issued to allow entry to the swimming pools, exercise room, and maintenance yard. A separate key must be purchased for the tennis courts and laundry rooms. If you have not purchased such keys, there is a charge of \$15 for the Access Card. Payment can be made by personal check, cashier's check, or money order. We do not accept cash.

A photo of each access card holder will be stored in our access card database.

Please note that the Access Card will only be issued if your account is up to date. Any outstanding debts for assessments or the USP program will result in our inability to issue a card until those outstanding debts are paid. If you are unsure if you are up to date, please call the Association Office.

Tenants may obtain an Access Card depending on authorization from the unit owner. A unit owner may relinquish his/her rights and allow the cards to be issued to the tenants. Please note that such owners may still obtain Access Cards for themselves, usable only at the swimming pools, for an additional \$350 per year for a single person and \$500 for a family per year. A copy of the current lease for tenants must be on file with Parkfairfax. If you are not an owner or Tenant, you must show proof of residency. This can include a driver's license, utility bill, check with address, or voter's registration card. Legal dependents of an eligible card holder over the age of 13, can also obtain cards. Access Cards are required for each family member using Parkfairfax recreational facilities. The Photo ID access card will allow up to 3 guests to be admitted to the pools at no charge.

It is a privilege to use the Association's recreational facilities, not a right. Failure to honor the rules/guidelines for the facilities may result in the deactivation of your Access Card.

Date	Unit Address		Bldg #
Owner Name			
Owner Address (if different f	from above)		
Owner Phone # (H)		_ (W)	
Owner E-mail:			
Tenant Name			
Геnant Phone # (H)		(W)	
Tenant E-mail:			
Date of Lease	(Copy provided	to management)	
Names of Children Receiving (Children between the ages of 12 ar			
Resident Name			
Resident Phone # (H)		(W)	
Resident E-mail:			
Proof of Residency Furnished:			
Signature			
********		**************************************	************
Account verified in Tops by: _	Employee Name		ed:

Access Card Number:

Check /Money Order#_