

CLEAR SPRINGS HOA
Request for code assignment to access restrooms in clubhouse

Owner Acknowledgement of Access Code

Date: _____

Account #: _____/Current on dues: _____
(The Management Company will provide this information)

Please select a 6-digit Access Code #

_____ Completed by resident

Confirmation of access code # assigned

_____ Completed by HOA

Return confirmation when code is activated will be returned via email, unless you notate otherwise at bottom of this form. Dues must be current to receive an access code.

Family members in Household _____

Phone #s (H) _____
(In case of Emergencies)

(W) _____

(Initial)

_____ I/We hereby acknowledge that members of our household or other invited guests will abide by any posted or published rules, procedures, or signs associated with the use of the Association's recreational facilities and that violations may result in suspension of privileges. I/We acknowledge that we may be held financially responsible for acts of malicious mischief or vandalism by members of our household or other invited guests that result in damage to the Association's equipment or facilities associated with the use of our unique access code.

_____ Homeowner (Print Name)

_____ Homeowner (Signature)

_____ Address

PLEASE Email to HOA@clearspringsplace.com OR put in HOA mailbox at 3035 Silver Springs Ln.