

## Homeowners Association 1326 Fretz Drive, Edmond OK 73003 (405) 348-1436

## <u>Deer Creek Village Community Fitness Center & Pool Card Application</u> Please type or print information legibly. \*All Fields Are Required\*

Deer Creek Village Homeowne	<u>r (Property Owner) Information</u>	<u>.</u>
Last Name:	First Name:	
Street Address:	Alternate:	Edmond, OK 73013
Primary Phone:	Alternate:	
Primary E-Mail Address:		
Alternate E-Mail Address:	(:f1)	
Property Management Compar	<u>ty (11 property 18 leased):</u>	
Company Name	City	State 7in
Address:	, City Alternate: Title:	State Zip
Primary Phone:	Alternate:	<del></del>
Primary Contact:	11tte:	
Primary E-Mail Address:	Household Members: (Only person	
	DOB	
	DOB	
	DOB	
Name	DOB	
Primary Phone:	Email:	
understand and agree to all Deer Creek Villo information listed on this form changes, I w center & pool may be revoked at any time fo &/or pool rules.  Replacement Card: Yes  No  If	ctivity with some inherit dangers and risks. I a age Fitness Center & Pool Rules, Policies, and F ill notify Deer Creek Village HOA immediately or any violations of the Deer Creek Village CC& Yes, Card # being replaced:	Procedures. I agree that if any of the . It is also understood access to fitness R's and/or not abiding by fitness center
Reason for Replacement:		
Pool Card Replacement Fee: \$60.00	Method of Payment: Check or Money Orde	er - mailed to Neighborhood
Services 1226 Fretz Drive Edmond OK	72002	
Homeowner's Signature:		
Property Management Authorization by	r: Dat	.e:
Primary Tenant's Signature:	Date:	<del></del>
Creek Village home address on it) to Can NH Services: 1326 Fretz Dr., Edmond, C	attached required proof of residency (any ondiceT@neighborhoodsplus.com and payr OK 73003. Upon receipt of completed form chedule date & time to receive your pool care.	ment for Replacement Card Fee to a & payment/confirmation # for
Method of Payment: Check# MO Cash	h: Receipt #:	Date:
niemou of 1 agment. Check", 1110, cast	n	Butc
	prized HOA Board Member or Repu	
Approved.	Proof of Residency: Co	
Approved By	Caru # Cc	)de #
Issued On		
Replacement Card: Yes $\square$ No $\square$ If Yes,	Card # being replaced:#	
Online: Confirmation #:	CK/MODate:	:
I acknowledge receipt of: Card # replacement card, original card issued will be de	With Card Code and understa	na only one (1) card per household and if
	Received Card #	on
I,(Name of Household Member)		