

April Point South Property Owners Association, Inc.

Pool Gate Access Form – Owner

Return Form to: 3500 West Davis Ste., Suite 190, Conroe, TX 77304
Phone: 936-756-0032 Fax: 936-756-0023 EMAIL: cduncan@imcmanagment.net
www.apspoa.com

This Form will be used to set up your information in the Pool Gate Systems. Please fill out required information and send this to the Association as addressed above.

Unit #: _____

Date: _____

Owner Name: _____

Mailing Address: _____

Telephone Number's: Property () _____ Alternate () _____

Email Address: _____

To receive a registered and active Pool Gate Key Fob, Owners will need to provide the information above. **All Pool Gate Key Fobs will cost \$20.00 each, limit 2 per household. Please deliver a CHECK or MONEY ORDER payable to April Point South POA for the key fob to be distributed.**

By signing here, I understand I am responsible for reading and following the **Pool Rules and Regulations** as stipulated by the Board of Directors and the **Governing Documents**, which may be changed from time to time. Copies of the Documents are available at www.apspoa.com.

I understand my access may be revoked should I become in violation of the Governing Documents or become delinquent on my Association Assessments and/or fees associated with my account.

Signature of Resident

Date

FOR OFFICE USE ONLY:

Date Received: _____

Key Fob# _____

Key Fob# _____

Check/Money Order #: _____

Date Programmed: _____

Date Deactivated: _____