

Waterleaf Homeowner's Association

Access Card Request Form

Please Print All Information

NAME: (Resident/Tenant) _____

NAME: (Homeowner/Landlord) _____

STREET ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Signature: _____ Date: _____

Return this form:

- Directly to the pool office Monday-Thursday 8-1 or Friday 12-5.
- By email: enewbold@kwpmc.com
- By mail: 12234 Waterleaf Boulevard, Jacksonville 32225

Access cards are \$25 per set for new or replacement cards.

Please make checks payable to Waterleaf HOA

Previously distributed cards will be deactivated. Two active cards are allowed per household.

FOR INTERNAL USE ONLY:

Number of Card #1: _____

Number of Card #2: _____

Date Sent Received: _____

Payment Receive Check Money Order

Please allow approximated 2 business days for the return of your card (s).