

# C O M M O N W E A L T H P L A Z A

## KEY FOB REGISTRATION / RELEASE

**\*REQUIRED\***

**PLEASE COMPLETE AND RETURN TO MANAGEMENT OFFICE PRIOR TO OR  
DIRECTLY FOLLOWING YOUR CLOSING DATE**

I \_\_\_\_\_ of unit \_\_\_\_\_ received the  
following fobs from the previous resident\_\_\_\_\_.

Fob # \_\_\_\_\_

Fob # \_\_\_\_\_

Fob # \_\_\_\_\_

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Signature

Date