AUTHORIZATION BY OWNER OF RECORD FOR RELEASE OF WOOODBRIDGE POOL KEY

I,, C	Owner of Record of	
(Print complete name) (Print address		
certify that I am unable to appear in person	n to obtain a pool key.	
I request that my assigned key be released	to(Print complete name)	, upon
presentation of valid government photo id-	,	
Signature of Owner of Record	Date Signed	-
I have received the pool key for the Ho	omeowner of Record as named above.	
Signature of Assignee	Date Signed	
Valid Government Photo I.D. presented:		
Witness:		
(Printed name):		

PLEASE MAIL OR FAX THIS FORM TO LUPE @ SPECTRUM PROPERTY SERVICES ADDRESS: 1259 CALLENS ROAD, SUITE A., VENTURA, CA 93003

FAX: (805) 642-3944 OR lupe@spectrumprops.com