

**TWIN OAKS FARM HOMEOWNERS ASSOCIATION  
2022 Community Amenity Access Card Application**

OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER HOME PHONE(S) \_\_\_\_\_ (home/cell) \_\_\_\_\_ (home/cell)

OWNER EMAIL(S): \_\_\_\_\_

TENANT NAME(S): \_\_\_\_\_

TENANT PHONE(S): \_\_\_\_\_ (home / cell) \_\_\_\_\_ (home/cell)

TENANT EMAILS \_\_\_\_\_ / \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE #: \_\_\_\_\_

**IMPORTANT: Complete ALL information below for EACH member of the household who wishes to receive a community pass. Please print information clearly.**

	<u>FULL NAME</u>	<u>DATE OF BIRTH/AGE</u>	<u>RELATIONSHIP</u>	<u>STICKER/PASS</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

☐ If you have passes from 2021 and only need the stickers for those named above, check here. If not, there is a \$10 replacement fee for each pool pass.

Guest Passes # \_\_\_\_\_ = Total \$ \_\_\_\_\_

All individuals listed above reside with me permanently, and by acceptance of a pool pass, agree to abide by all lifeguard instructions and Association rules and regulations governing the use and operation of the Twin Oaks Farm HOA swimming pool and related common grounds.

SIGNATURE OF OWNER/TENANT: \_\_\_\_\_

RENTAL PROPERTIES: THE FOLLOWING SIGNATURE MUST BE COMPLETED BY THE OWNER OR THE OWNER'S AUTHORIZED AGENT BEFORE PASSES WILL BE ISSUED. As authorized in Article V, Section 2 of the Covenants and Article IV, Section 1 of the Bylaws, I hereby designate my right of the enjoyment of the swimming pool, associated common areas, and related facilities to my tenants as listed above.

SIGNATURE OF OWNER OR AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_