

# CROSSPOINTE VILLAGE HOA

## INITIAL REQUEST FOR POOL / GATE KEY FOB

THIS FORM MUST BE FILLED OUT BY THE LEGAL OWNER OF THE UNIT

Name of Owner: \_\_\_\_\_

Account Number: \_\_\_\_ CV-0010- \_\_\_\_\_

Property Address: \_\_\_\_\_

Stanton, CA 90680 \_\_\_\_\_

Tenant's Name(s) (If Applicable): \_\_\_\_\_

Tenant's Phone Number (If Applicable): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Maximum number of pool/gate key fobs issued per unit is one (1).

I, \_\_\_\_\_ have read and understand the Association's Pool Rules. I understand that I am responsible for the actions of my guests, and if applicable, my tenants and their guests and any damages that they cause will be my responsibility.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

---

*For Office Use Only:*

Received by Cardinal: \_\_\_\_\_

Updated on Listing: \_\_\_\_\_

Pool Key Fob Number Issued: \_\_\_\_\_

Pool Key Fob Number to be deactivated: \_\_\_\_\_

Date Deactivated: \_\_\_\_\_

**Please return completed form to:**  
Crosspointe Village Homeowners Association  
c/o Cardinal Property Management, Inc  
825 N Park Center Drive, Suite 101  
Santa Ana, CA 92705