

Pritchard Point Amenity Center Access Card Form

Complete and Return this form to
 the Community Association Manager
 E: PRIPOINT@CIRAMAIL.COM

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Resident	Tenant Card	Additional Card	Vendor	Update

<input type="checkbox"/>	OWNER	<input type="checkbox"/>	TENANT:		Card #	
<input type="checkbox"/>	OWNER	<input type="checkbox"/>	TENANT:		Card #	

Do you have dependents who are 14 years of age or older residing with you? Yes No

Do they have access cards? Yes No

NAME OF DEPENDANT: _____	Age _____	Card # _____
NAME OF DEPENDANT: _____	Age _____	Card # _____
NAME OF DEPENDANT: _____	Age _____	Card # _____
NAME OF DEPENDANT: _____	Age _____	Card # _____

ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

E-MAIL ADDRESS(ES) _____ Verified

Would you like to receive the Pritchard Point E-Newsletter and community updates via e-mail? YES NO

_____ *Initial*

HOMEOWNERS ONLY: As a resident landowner within the Pritchard Point POA, I agree and acknowledge that I will not provide Access Cards to any Tenant (as used herein, the term “**Tenant**” shall include all family members of the specifically named Tenant) without first providing and Amenity Center Access Card Form (“**Form**”) executed by Tenant, to the Community Manager. I also understand and agree that should I provide Access Cards to Tenant without providing the Community manager with a completed Form signed by the Tenant, I may be held financially responsible for any damages caused by Tenant to the Amenity Center and I agree to indemnify to indemnify and hold harmless the Pritchard Point POA and RealManage and each of their Releases from any Claims that Tenant may incur in conjunction with the usage of the Amenity Center.

_____ *Initial* _____ *Initial*

