

Prairie View Homeowners Association, Inc.

- **Failure to comply with pool rules will result in suspension of access. PLEASE NOTE: Pool access will ONLY be activated for a Member in good standing with the Association OR a Resident as long as its Member has completed and executed a Waiver.**

Property Owner's Name: _____
Last First M

Property Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Will this access be used by a tenant of your home? Yes _____ No _____

If so, please provide us with the name(s) and contact number for the tenant.

The property Owner is responsible for actions of tenants.

Tenant Lease Start Date: _____

Tenant Lease End Date: _____

Tenant Name: _____
Last First M

Home Phone: _____ Cell Phone: _____

Email: _____

By signing below, I have read, understand, and agree to abide by the published pool rules for Prairie View Homeowners Association, Inc. I understand that any violation to the rules may result in the suspension of use of the pool.

Signature of Property Owner _____ Date _____

Signature of tenant _____ Date _____

Complete form entirely and send it to:

Legacy Property Management, LLC, 5600 Tennyson Pkwy., Suite 270, Plano, TX 75024

poolkeys@legacysouthwestpm.com

*Access is processed Monday-Friday during regular business hours. Please allow up to one week for access activation.