

CHAPEL GROVE HOMEOWNER'S ASSOCIATION 2015 Pool Pass Application

Homeowner Name: _____

Homeowner Address: _____

Email Address: _____

Homeowner Telephone Number: _____
(To be used in Emergency Situation)

Property is rented and I am transferring passes to my current tenant(s). *(Check if applicable)*

Pass No. listed on tag Blank if new*	Last Name	First Name	Age <i>(If under 13)</i>	Relationship to Owner

**To be completed by residents using last year's passes or by management for new passes.*

Replacement tags: _____ are needed at \$5.00 each. Check/money order enclosed for \$ _____

I have read and agree to follow and abide by all of the Chapel Grove Pool Rules and Regulations. I understand that I am responsible for the actions or violations of all persons listed on this application, including guests. I understand that any such violation of the rules and/or nonpayment of HOA dues may result in revocation of pool privileges.

Homeowner Signature

Date

**Submit Application to: Chapel Grove HOA c/o ProCom
400 Serendipity Drive, Millersville, MD 21108
Fax: 410.721.4854 / Email: management@chapelgrovehoa.org**

(To be completed by management at time pool passes are issued.)

Application matches HOA records and Homeowner HOA dues are current.

2 Guest Passes and _____ pool passes issued, numbers listed above.

Issued By: _____ ***Date:*** _____