



**OTAY RANCH FIVE COMMUNITY ASSOCIATION
Pool Fob Request**

Date: _____

Owner Name: _____

Phone: _____

Previous Owner Name (if known): _____

Property Acquired Through: Sale Short Sale Foreclosure

Address: _____

Tenant Name (s): _____

Resident Phone Number: _____ Resident Email: _____

Reason for New Fob: _____

Permission to Release Fob to: _____

Homeowner Signature: _____

Please complete the above information and send to:

Otay Ranch Five Community Association
C/o Walters Management
2300 Boswell Rd. Suite 115
Chula Vista, CA 91914

-or-

Email to csalas@waltersmanagement.com

*** Management of key fobs is extremely important to the safety and security of the Otay Ranch Five Community. It is each owner's responsibility to notify Management immediately upon loss or misplacement of any key fobs. Failure to do so will result in disciplinary actions.***

FOR OFFICE USE ONLY:

Date Received: _____ **Date Provided:** _____ **Cost:** _____ (\$75 replacements)

Payment Received: _____ **Signature of Recipient:** _____