KEY FOB REQUEST FORM for AMENITIES of Inland Greens and Cedar Ridge

Complete this form and submit it to GO PROPERTY MGMT. to get a key fob activated for your address.

Owner's Name:		
IG/CR Property Address:		
Email (required):	Pho	ne #:
I would like a key fob for access to our c	ommunities' amenities	and understand and agree to the following
 As the <u>owner</u>, I am solely responsible for sale of my home. I understand the key for 	r this key fob and will retu bb will be deactivated who pool, sport courts, etc.) a	and will abide by them and I understand that
replacement costs, and I und	derstand that the deposit of should be reported to the	back, will be charged a "lost key fee" to cover on another key for this same address will be e HOA/Property Management Company
If I rent my property, I am responsible Property Management Company with a <u>curr</u> if I give my tenants <u>my</u> rights to the amenities.	ent copy of the lease that sp	pecifies the names of <u>all</u> tenants. I understand that
Yes! My home is a rental. My tenant ha	as my permission to present	a photo ID and pick up my key.
Tenant's name:		
My signature below indicates that I unde valid photo ID will be presented with this approved by the HOA. Please note: The violated any Rules or is behind in payment of the	Form for pick-up of a ke HOA has the right to den	key fob in person, if my request is y access to amenities to anyone who has
Print Name	Signature	 Date
Choose one:I will pick up my key fob at the orI am enclosing \$10 for shipping/handling	g to have the key fob mailed	
For Office Use Only: Ck'd account status?; ID Verified via Photo?	; Approved By:	Date:
Key Fob Returned by:		Date:
Deposit Refunded by:		Date:
Signature verifying receipt of Deposit: Make checks/payments payable to: IG/CR Inc.		

Submit this form to: GO Property Management Co., 1721 Allens Ln, Suite 223, Wilmington, NC 28403 or by mail to: PO Box 566, Wrightsville Beach, NC 28480 ~ Phone: (910) 509-7281