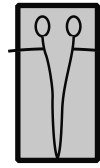


Spring Creek Oaks



COMMUNITY IMPROVEMENT ASSOCIATION

SCOCIA Key Fob Agreement

Authorized User (print name): _____

Address: _____

Phone Number: _____ Home: _____ Cell: _____

Key Fob number: _____

Security of SCOCIA facilities and controlling the use of SCOCIA amenities for authorized users are particularly important. SCOCIA has established a program to control access to the property with the use of Key Fobs for pool facilities. Key Fobs are to be made available only to authorized persons.

I, the undersigned, acknowledge receipt of the Key Fob designated above. I will not loan, transfer, give possession of, misuse, modify or alter the above Key Fob. I further agree not to cause, allow, or contribute to the making of any unauthorized copies of the above Key Fob. If I should misplace the Key Fob, I will immediately notify pool management at pools@springcreekoaks.org.

No more than (1) one key fob will be issued at any time per household. The first fob is free. I understand there will be a \$50.00 non-refundable charge for a replacement Key Fob (lost/misplaced Fob will be deactivated).

I also understand and agree that violation of this agreement will jeopardize any further use of SCOCIA Pools.

I agree to abide by all posted signs regarding pool rules and pool safety.

Authorized User Signature: _____ Date : _____

Authorized By: _____

Sign here if you are the legal owner and you are authorizing a different key fob user such as a renter or person occupying your residence.