

COMMUNITY IMPROVEMENT ASSOCIATION

SCOCIA Key Fob Agreement

Authorized User (print name):				
Address:				
Phone Number:	_Home:		Cell:	
Key Fob number:				
Security of SCOCIA facilities and control SCOCIA has established a program to coare to be made available only to author	ontrol access to the p		·	
I, the undersigned, acknowledge receip misuse, modify or alter the above Key F unauthorized copies of the above Key F at pools@springcreekoaks.org.	ob. I further agree n	not to cause, allo	ow, or contribute to the	making of any
No more than (1) one key fob will be iss \$50.00 non-refundable charge for a rep I also understand and agree that violat	lacement Key Fob (l	ost/misplaced F	ob will be deactivated).	
I agree to abide by all posted signs rega	rding pool rules and	l 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.