

Overlook Homeowners Association

Key Fob Request Form

Last Name: _____
(Circle: Property Owner / Renter) If renting please include copy of lease (Name of Property Owner if Renting)

First Names: _____

Overlook Address: _____

Mailing Address (if different): _____

Home Phone #: _____ **Work / Mobile #:** _____
(For Emergencies)

eMail Address: _____

Property Owner:

(Signature)

(Date)

Two key fobs are issued per household at no charge. Replacement and additional fobs can be purchased for \$15.00 per fob requested.

Payment for <fobs/cards> can be made only by check or money order payable to Overlook HOA.

Braesael Management Company
704-847-3507 (phone) 704-847-0965 (fax)

Overlook Homeowners Association
PO Box 1401
Matthews, NC 28106

-----**FOR OFFICE USE ONLY**-----
-----**DO NOT WRITE BELOW THIS LINE**-----

Key Fob #: _____

Key Fob #: _____