

# Lakeridge Condo Association

## Request for Additional Key(s)

### Personal Information

Full Name: \_\_\_\_\_

Last

First

Address: \_\_\_\_\_

Street Address

Unit #

City

State

Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How many keys are you requesting? \_\_\_\_\_

**Each Key is \$10.00 (Pay by Check Only - No Cash)**

### Please Circle

Are you requesting to pick up the key(s) at the office?      Yes    No

-OR- Are you requesting that the key(s) be mailed to you?    Yes    No

If requesting that the key(s) be mailed, please provide mailing address below.

Full Name: \_\_\_\_\_

Last

First

Address: \_\_\_\_\_

Street Address

Unit #

City

State

Zip Code

**Note: Add \$4.50 for Certified Postage**

## Key Receipt Confirmation

Owner Name: \_\_\_\_\_

Please print and sign name here acknowledging receipt of key(s)

Board Member Name: \_\_\_\_\_

Please print and sign name here acknowledging distribution of key(s)

Received Check #: \_\_\_\_\_ Check Amount: \$

List Key #(s): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_