

2008 Pool Pass Application
** GREENLEAF POOL IS THE ONLY HANDICAPPED ACCESSIBLE POOL IN WHITTIER **

Please print or type.

Homeowner Information

Whittier Address: _____
 Owner's Name: _____
 Owner's Address (If different): _____
 Owner's Home Phone: _____ Owner's Work Phone: _____

Please read the statement below and sign the application.

Tenant Information

Tenant's Name: _____
 Tenant's Home Phone: _____ Tenant's Work Phone: _____
 Period of lease: _____ **(Please attach a copy of the current lease.)**

Except for wilful misconduct or gross negligence, the owner and/or tenant applicants agree to indemnify and hold harmless the Whittier Community Association, its officers, employees, agents or representatives, collectively the "Association", from and against any and all claims or damages arising from the actions or failure to act by the Association with respect to the operation of the swimming pool and related facilities. All residents and guests of this address agree to abide by the swimming pool rules and regulations for Whittier Community Association. **If applicable, I give my permission for the tenant listed above to use the swimming facilities in my place for the current pool season. Passes will be issued to either the homeowner's family or tenant's family, BUT NOT BOTH.**

Owner's Signature: _____ Date: _____

Tenant's Signature: _____ (If applicable) Date: _____

Residents

First and Last Names of all Permanent Residents	Age	First and Last Names of all Permanent Residents	Age
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Fees	Item	Price	Your Cost
	Additional 10 punch Guest Pass (One Free)	\$15.00	
	Processing Fee	\$6.00	\$6.00
	TOTAL		

<p>REMEMBER:</p> <p>① As applicable, a copy of a current lease, letter from the owner, or settlement sheet. ② Application must be signed by the property owner, or the owner and tenant, if applicable. ③ Your account must have a zero -0.00- balance. ④ Payment of any required fees. Checks payable to Whittier Community Association.</p>	<p>FAXED SUBMISSIONS WILL NOT BE ACCEPTED!</p>
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Vanguard Use Only	Residents:	New Pass: Adult	15&under	Guest:	Date:
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Reason Returned:	Date:
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