

**FOXFIELD COMMUNITY ASSOCIATION, INC.
2021 POOL PASS APPLICATION**

TO BE COMPLETED BY ALL MEMBERS FOR ACCESS

PLEASE RETURN THE COMPLETED APPLICATION TO:

FirstService Residential, 11351 Random Hills Road, Suite 500, Fairfax, VA 22030
Email to: poolpass.dcmetro@fsresidential.com; or fax to: (703) 879-5584
Applications may also be submitted online at: www.fsresidential.com/DCMetroPoolPass

This form must be completed and returned for processing by April 15, 2021 to ensure you receive your pool passes before the scheduled pool opening.

**As a reminder, your association may suspend your right to access community amenities if your assessments are not current, or if you have open violations on your home.
Please do not mail this form with your assessment payment.**

PLEASE PRINT CLEARLY & USE A SECOND FORM FOR MORE THAN 5 INDIVIDUALS

OWNER NAME: _____

PROPERTY ADDRESS: _____

PHONE: _____ EMAIL: _____

(This email will be used for community email communications and will not be shared outside of FirstService Residential.)

MAIL PASSES TO: _____

<u>NAMES OF PERSONS OCCUPYING RESIDENCE</u>	<u>AGE IF UNDER 18</u>	<u>NEW PASS / REPLACEMENT</u>	<u>2021 STICKER</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

THE UNDERSIGNED RESIDENT OF FOXFIELD COMMUNITY ASSOCIATION, INC. HEREBY APPLIES FOR POOL ACCESS. I AGREE TO BE RESPONSIBLE FOR THE CONDUCT OF MYSELF AND THE MEMBERS OF MY HOUSEHOLD AND GUESTS AND AGREE TO HOLD HARMLESS THE HOMEOWNERS ASSOCIATION, THE BOARD OF DIRECTORS, AND ASSOCIATION AGENTS AND SUBCONTRACTORS FOR ANY LIABILITY OR PERSONAL AND/OR PROPERTY DAMAGE WHEN USING THE POOL.

Signature of Applicant: _____ Date: _____

IF OWNER IS RENTING THIS PROPERTY, THE INFORMATION BELOW MUST BE COMPLETED. A COPY OF THE CURRENT LEASE MUST ALSO BE PROVIDED BEFORE PASSES WILL BE ISSUED. OWNER'S SIGNATURE BELOW IS REQUIRED.

THE UNDERSIGNED OWNER OF FOXFIELD COMMUNITY ASSOCIATION, INC. HEREBY RELINQUISHES RECREATIONAL AND ACTIVITY USE PRIVILEGES TO THE TENANT NAMED BELOW. IN ACCORDANCE WITH THE BYLAWS, I AGREE TO BE RESPONSIBLE FOR THE ACTIONS OF MY TENANTS, MEMBERS OF THE HOUSEHOLD, AND THEIR GUESTS.

Signature of Owner: _____ Date: _____

Tenant's Name: _____ Date: _____

*****PLEASE NOTE: POOL PASSES MAY BE ISSUED TO EITHER OWNER OR TENANT, NOT BOTH*****

FOR OFFICE USE ONLY

# OF POOL PASSES _____	STICKERS _____	DATE MAILED _____
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