**2024 PROVIDENCE HILLS COMMUNITY POOL USE APPLICATION**

**PROVIDENCE HILLS Property Address**:

**Occupied by:**  Owner Renter

**Number of persons living in Residence:**

**Owner Information:**

Owners Name:

Current Mailing Address:

Phone Number:

Email Address:

**Tenant Information (if tenant occupied)**:

Name:

Phone Number:

Email Address:

**Please List Names of ALL INDIVIDUALS LIVING IN HOME**:

**Please list the NUMBER OF INDIVIDUALS LIVING IN THE HOME THAT ARE AGE 12 AND OVER: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**

I understand that I nor any member of my household should **ever** let any one that is a current resident of the community into the pool area using my pool passes. All residents should use their own pool passes to gain access to the pool. If it is determined that a resident or guest from my property allowed another resident to enter the pool area without prior permission by the Association will result in an immediate suspension of pool privileges for the remainder of the pool season.

**Owner Initials**: \_\_\_\_\_\_\_\_\_\_\_

**I agree that all information provided on this form is accurate to my knowledge and this information is to be used for Association purposes only.**

Owner Signature Date

**Please return completed form to Bumgardner Association Mgmt. by:**

**Email**: HOAPoolForms@gmail.com

**Mail:** Providence Hills Community Association, P.O. Box 102, Belmont, NC 28012

**PLEASE BE ADVISED THAT ALL HOMEOWNERS DUES AND LATE FEES IF ANY MUST BE PAID BEFORE BEING ISSUED POOL PASSES**

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OFFICE USE ONLY

POOL PASS NUMBERS ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_