

## **CLUBHOUSE KEY FOB INSTRUCTIONS**

Dear Owner(s),

In order to enter the clubhouse, you must use a key fob. Key fobs are transferred from one owner to the next at the time of settlement. When you get your key fob, please fill out the attached form and return to the Property Manager at Continental Property Management to transfer the key fob to you. Please check the box **TRANSFER** and fill out the required information. Please send the completed form to:

Townhomes at Heritage Center Community Association  
975 Easton Road, Suite 102  
Warrington, PA 18976  
FAX: 215.343.4409  
EMAIL: d.gol@cpm975.com

If you do not receive a key fob from the previous owner at time of settlement, please fill out the attached form and check the box **NEW KEY FOB** and fill out the required information. You will have to purchase a new key fob(s) at a cost of \$5 each. You may request more than one key fob. Not to exceed four (4) fobs per household.

Please then send a check (made out to Heritage Center) along with the completed form to:

Townhomes at Heritage Center Community Association  
975 Easton Road, Suite 102  
Warrington, PA 18976

If you need a replacement key fob due please check the **REPLACEMENT KEY FOB** box and fill out the required information. Send the completed for to:

Townhomes at Heritage Center Community Association  
975 Easton Road, Suite 102  
Warrington, PA 18976  
FAX: 215.343.4409  
EMAIL: d.gol@cpm975.com

**If you are a landlord, it is your responsibility to provide key fob(s) to your tenants. Only owners will be issued key fobs.**

If you have any questions contact Deb Gol at 215-343-1550 or email [d.gol@cpm975.com](mailto:d.gol@cpm975.com)

**KEY FOB REQUEST FORM**

Date: \_\_\_\_\_

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

Address \_\_\_\_\_

**Transfer**  Please provide all numbers on key fob(s) and name of person who will be assigned the key fob.

Number on key fob #1 \_\_\_\_\_ Name for key fob #1 \_\_\_\_\_

Number on key fob #2 \_\_\_\_\_ Name for key fob #2 \_\_\_\_\_

Number on key fob #3 \_\_\_\_\_ Name for key fob #3 \_\_\_\_\_

Number on key fob #4 \_\_\_\_\_ Name for key fob #4 \_\_\_\_\_

Request for **New Key fob(s)**  Provide the name(s) of who will be getting the cards Each fob cost \$5. Please make check payable to: Heritage Center Community Association, 975 Easton Road, Suite 102 Warrington, PA 18976.

Name fob #1 \_\_\_\_\_

Name fob #2 \_\_\_\_\_

Name Fob #3 \_\_\_\_\_

Name fob #4 \_\_\_\_\_

TO BE FILLED OUT BY PROPERTY MANAGER
Number fob #1 _____
Number fob #2 _____
Number Fob #3 _____
Number fob #4 _____

Request for **Replacement Key Fob(s)**  Please return fobs that do not work. The fob that does not work will be deactivated when the Replacement Key Fob is activated.

Name fob #1 \_\_\_\_\_

Name fob #2 \_\_\_\_\_

Name Fob #3 \_\_\_\_\_

Name fob #4 \_\_\_\_\_

TO BE FILLED OUT BY PROPERTY MANAGER
Number fob #1 _____
Number fob #2 _____
Number Fob #3 _____
Number fob #4 _____

TO BE FILLED OUT BY PROPERTY MANAGER
Check received _____ Check number _____ Amount _____
Date key fobs were sent out _____ Date fobs returned for replacement _____