

*Serving Southern California
Since 1981*



CARDINAL
PROPERTY
MANAGEMENT,
AAMC

To: All Homeowners

RE: Westpark Las Palmas Homeowners Association
New Key Fob System – Recreation Area Gates

On behalf of the Board of Directors of the Westpark Las Palmas Homeowners Association we have been requested to contact you.

Please be advised that the Board has installed a new electronic key fob system to operate the recreational area gates and pool area restroom doors. The Board has approved the distribution of one key fob per unit at no charge. If a key fob is lost or stolen, the replacement cost will be \$100.00.

The homeowner will be required to complete and sign a copy of the attached form and show photo identification to pick up and sign for the new key fob. In order for the tenants to pick up the key fob, the owner or tenant will be required to provide the Association with the completed key fob form, a Delegation of Use Form, signed by the owner, a copy of a current tenant lease, and show photo identification.

Pool key fobs are available for pick up at the Cardinal Property Management Office, 825 N. Park Center Drive, Suite 101, Santa Ana, CA 92705. Every owner is required to complete and sign a copy of the enclosed form, and show photo identification in order to receive a key fob.

If you should need further assistance, or have any questions, please feel free to contact this office.

Sincerely,

For the Board of Directors

A handwritten signature in black ink, appearing to read "Karen Holthe".

Karen Holthe, CMCA, AMS, PCAM
Senior Account Manager
kholthe@cardinal-online.com

KH/ad



825 N. Park Center Dr., Suite 101, Santa Ana, CA 92705
714-779-1300 Fax: 714-779-3400
www.cardinal-online.com



Westpark Las Palmas Homeowners Association

INITIAL REQUEST FOR POOL / GATE KEY FOB

THIS FORM MUST BE FILLED OUT BY THE LEGAL OWNER OF THE UNIT

Name of Owner: _____

Account Number: _____

Property Address: _____ Irvine, CA 92614

Owner's Telephone Number: _____

Owner's Email: _____

Tenant's Name(s) (If Applicable): _____

Tenant's Phone Number (If Applicable): _____

Maximum number of pool/gate key fobs issued per unit is one (1).

I, _____ have read and understand the Association's Pool Rules. I understand that I am responsible for the actions of my guests, and if applicable, my tenants and their guests and any damages that they cause will be my responsibility.

Owner's Signature

Date

For Office Use Only:

Received by Cardinal: _____

Updated on Listing: _____

Pool Key Fob Number Issued: _____

Pool Key Fob Number to be deactivated: _____

Date Deactivated: _____

Please return completed form to:
Westpark Las Palmas Homeowners Association
c/o Cardinal Property Management, Inc
825 N Park Center Drive, Suite 101
Santa Ana, CA 92705

**WESTPARK LAS PALMAS HOMEOWNERS ASSOCIATION
DELEGATION OF USE OF COMMON AREA AND FACILITIES**

THIS FORM MUST BE COMPLETED WITH EACH CHANGE OF TENANT.

Date: _____

Written notification is hereby given to the Association by:

Name (Print) Home Phone

Address (Street, City, State, Zip code)

that I have delegated the use of my lot and my right to use the common area and facilities to:

Name of Tenant (Print) Tenant's Home Phone

Address of Property (Number, Street) Account Number

Car #1 (Make, Model, Color, License #) _____

Car #2 (Make, Model, Color, License #) _____

Car #3 (Make, Model, Color, License #) _____

Car #4 (Make, Model, Color, License #) _____

I have furnished to my tenant the necessary copies of the CC&Rs, By-Laws and Rules and Regulations for the Association. As the unit owner, I understand that I am responsible for the conduct of my tenants and their guests and accept that any fines or assessments levied by the Association against my tenants will be placed on my account.

Signature of Owner Signature of Tenant
(Acknowledging review of the Rules and Regulations, CC&Rs, and By-Laws)

Number of occupants residing in dwelling: _____

Names of occupants: _____

Number and Type of Pets: _____

Westpark Las Palmas Homeowners Association

REQUEST FOR REPLACEMENT POOL / GATE KEY FOB

THIS FORM MUST BE FILLED OUT BY THE LEGAL OWNER OF THE UNIT

Name of Owner: _____

Account Number: _____

Property Address: _____ Irvine, CA 92614

Owner's Telephone Number: _____

Owner's Email: _____

Tenant's Name(s) (If Applicable): _____

Tenant's Phone Number (If Applicable): _____

Maximum number of pool/gate key fobs issued per unit is one (1).

Amount Enclosed (100.00 for a replacement key fob) _____

Check or money order payable to Westpark Las Palmas Homeowners Association

I, _____ have read and understand the Association's Pool Rules. I understand that I am responsible for the actions of my guests, and if applicable, my tenants and their guests and any damages that they cause will be my responsibility.

Owner's Signature

Date

For Office Use Only:

Received by Cardinal: _____

Updated on Listing: _____

Pool Key Fob Number Issued: _____

Pool Key Fob Number to be deactivated: _____

Date Deactivated: _____

Please return completed form to:
Westpark Las Palmas Homeowners Association
c/o Cardinal Property Management, Inc
825 N Park Center Drive, Suite 101
Santa Ana, CA 92705