



Key/Remote Request Form

Date: _____

Homeowner Name(s): _____

Association Property Address: _____

NOTE: The key/remote will be sent certified mail and therefore must be signed for. If you would like it mailed to an alternate address, please fill in address below:

Alternate Address (if different than property): _____

Item Requested (circle one): **Pool Key** **Gate Remote**

Billing

Please check off one of the following options:

- I give permission to BHE Management to bill my Association account in the amount of \$_____.
- I will send a check payable to the Association in the amount of \$_____ to P.O. Box 7736, Laguna Niguel, CA 92607 (The key or remote will be mailed to you after receipt of the payment).
- Enclosed please find payment in the amount of \$_____ (DO NOT send cash). Please mail me the key or remote.

Thank you,
BHE MANAGEMENT CORPORATION