**Chelsea Wood Condominium**

20\_\_ Pool Pass Application

Please print neatly

Pool season is back! If you wish to use the pool please fill out the application and bring it with you to the on-site office.

*(Check one) One bedroom unit ( ) Two bedroom unit ( )*

Building Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner/Tenant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Occupants:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age if under (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age if under (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age if under (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above residents reside with me permanently and I (we) hereby accept and agree to abide by all the Rules and Regulations governing the operation of the swimming pool.

This application, once received, will be verified by the Chelsea Wood office. If all account is in good standing (lease on file, association fees current, etc.), you will have the privilege to secure a 2017 pool pass allowing you access to the pool area during pool hours.

Only residents living in Chelsea Wood may have passes issued. If you lease your home, you should forward this application to your tenant. In addition, a copy of your current lease must be on file along with a copy of your Prince George’s County Rental License before the tenants can receive their passes.

Please note that pool privileges may be revoked, at any time, due to delinquent assessments with the association.

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

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bring completed for to the Place completed form to the onsite office: **8445- T1 Greenbelt Rd.**

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**Number of passes issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initials: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**