



RENTAL PROPERTY APPLICATION FORM BIRNAM WOOD-FAIRFAX POOL 2026 POOL SEASON

PRINT IN BLOCK LETTERS ONLY

The following information is required from each property owner requesting pool access for the single family residing at the rental property before a pool pass can be issued. **A pool pass will not be provided until the information submitted by the owner or the owner's authorized agent has been verified and all assessments and fees have been paid in full.** Any use of cursing or foul language on pool property or at the pool window will result in the individual being denied a pool pass.

MUST BE COMPLETED BY THE HOMEOWNER - PLEASE PRINT EXCEPT WHERE SIGNATURE IS REQUIRED

HOMEOWNER TO COMPLETE

I, _____, hereby state that the information listed below is accurate to the best of my knowledge, and that the name(s) listed belong to the single family residing at my rental property located at _____ in the Birnam Wood-Fairfax subdivision. I understand that these homes are designated as single-family residences, that no multiple families reside at this address, and that all individuals listed below are permanent residents of the rental property.

Subject to Article II of the Declaration of Covenants, Conditions, and Restrictions for the Association, I hereby grant this single family my right to "access and enjoyment" of the Association pool and related facilities. I acknowledge that by granting this right, the members of the family are required to comply with all regulations governing pool use in order to maintain their privilege.

I authorize the tenant to invite guests in a manner consistent with Association limits. () YES () NO

Agreed by: _____ Phone #: _____
Print Name here

Signature: _____ Date: _____
Homeowners Signature here

HOMEOWNER MUST EMAIL THIS FORM TO: BWFFHOAPOL@GMAIL.COM

MUST BE COMPLETED BY THE TENANT — PLEASE PRINT EXCEPT WHERE A SIGNATURE IS REQUIRED

MUST BE COMPLETED BY TENANT

RESIDENT NAME: _____ DATE: _____

STREET ADDRESS: _____

CONTACT NUMBER 1: _____ CONTACT NUMBER 2: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ Phone #: _____

NAME: _____ Phone #: _____

THE FOLLOWING FAMILY MEMBERS RESIDE AT THE ABOVE ADDRESS AND ARE HEREBY ASKED TO BE EXTENDED FULL MEMBER PRIVILEGES. LIST ONLY THE PERSONS WHO RESIDE AT THE ABOVE ADDRESS.

PHOTO

INTERNAL USE ONLY

MEMBER 1: _____ AGE: _____ SEX: _____

MEMBER 2: _____ AGE: _____ SEX: _____

MEMBER 3: _____ AGE: _____ SEX: _____

MEMBER 4: _____ AGE: _____ SEX: _____

MEMBER 5: _____ AGE: _____ SEX: _____

MEMBER 6: _____ AGE: _____ SEX: _____

REQUESTED BY: _____
PRINT Renters Name

Renters Signature DATE: _____

*****DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY*****

DATE: _____ AMOUNT PAID: _____

COLLECTED BY: _____
PRINT NAME SIGNATURE _____