



Thomas Choice Gardens Condominium

19401 Brassie Place, Montgomery Village, MD 20886

Phone: (301)948-7080 Fax: (888)253-7258

email: info@tcgcmv.com

Pool Pass Application

Owner Information: Section A

Name:			Phone:			
Mailing Address:			Alt-Phone:			
City:	State:	Zip:	Email:			
Unit Address:		Apt.	Condo Fee's Current?	Y	N	Uncertain
Applying for: Self () Tenant () Other ()		If other specify relationship:				

In order to process the application, be certain that your Thomas Choice Gardens unit address is given. Failure to do so will result in a delay in processing your application. **NO POOL PASSES WILL BE ISSUED TO UNIT OWNERS OR THEIR TENANT(S) IF ASSOCIATION CHARGES ARE NOT CURRENT AND/OR VIOLATIONS EXIST ON THE UNIT OR RESIDENT.**

Except for willful misconduct or gross negligence, the owner, tenants or their guests agree to indemnify and hold harmless the Thomas Choice Gardens Condominium Association, its officers, employees, agents or representatives, collectively the "Association" from and against any and all claims or damages arising from the actions or failure to act by the Association with respect to the operation of the swimming pool and related failure. All residents and guests listed on this application agree to abide by the swimming pool rules and regulations. Persons listed on this application understand that pool privileges can be revoked for not complying with the rules or lifeguards requests. (If applicable, I give my permission for the tenants listed below to use the swimming facilities in my place for the current swim season. I have explained to them that they must abide by all pool rules or their privileges may be revoked).

Owner Signature:	Date:
-------------------------	--------------

Tenant Information Section B	Section B is for tenant residents, or family member tenants. Owners should proceed straight to Section C of this application. Tenant resident should complete this Section and then proceed to Section C.		
	Name:	Email:	Phone:

As signature holder on the lease I agree to all terms listed above in Section A and agree to abide by all rules as they are written. I understand these rules are subject to change and privileges can be revoked for failure to comply.

Tenant Signature:	Date:
--------------------------	--------------

Household Members: Section C	Tenant residents must have a lease on file with named household members in order to receive pool passes for the occupants. Resident owners must list household occupants to receive pool passes for the individuals. Emergency Contact Information and Date of Births are required for all household members requesting pool passes.
-------------------------------------	--

Name Of Occupant(s)	Date of Birth	Emergency Contact Info (Name and Phone #)

Resident Signature:	Date:
----------------------------	--------------

Office Use Only

Unit ID:		Pool Permit ID:		Date Issued:			
Lease Required:	Y	N	Passkey Req.:	Y	N	Reviewed By:	