

**WESTPHALIA ROW HOMEOWNERS ASSOCIATION
KEY FOB APPLICATION**

**You must complete this application and
Mail the completed form to receive your key fob(s).**

Please mail the completed form to:
Comsource Management
3414 Morningwood Drive
Olney, MD 20832

FIRST & LAST NAME: _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

EMAIL: _____

I _____ OWN _____ RENT (CHECK ONE)

If renting, please provide the name and address of the owner below:

FIRST & LAST NAME: _____

ADDRESS: _____

EMAIL: _____

Please Note:

- **Key fobs for the control access system will be distributed to residents in good standing who return the registration form to the management office.**
- **Key fobs will be deactivated if an owner is not in good standing.**
- **If the key fob is lost or damaged, there will be a replacement cost of \$75.00.**

In case of emergency, please contact:

Name _____

Phone _____ Email: _____

FOR OFFICE USE ONLY

Access Card Number: _____ **Date Issued:** _____