



Woodstream Falls Condominium Association, Inc.

www.woodstreamfalls.com

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CARD #

POOL KEY FORM

UNIT OWNER NAME/ PHONE NUMBER

_____ / _____ PHONE#

RESIDENT BLDG & UNIT NUMBER _____ / _____ UNIT #

RESIDENT HOME PHONE NUMBER _____

NAMES OF ADULTS (18+) LIVING IN THE UNIT

NAMES/AGES OF CHILDREN (17 & UNDER) LIVING IN UNIT:

_____ / _____ AGE
_____ / _____ AGE
_____ / _____ AGE
_____ / _____ AGE
_____ / _____ AGE

**IN ACCORDANCE WITH REGULATION 9.2, THE OWNER IS RESPONSIBLE FOR
ALL ACTIONS OF THEIR TENANTS AND GUESTS.**

THE SIGNATURE OF THE RESIDENT ACKNOWLEDGES THAT THEY HEREBY AGREE TO ABIDE BY THE POSTED POOL REGULATIONS FOR WOODSTREAM FALLS. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE BEHAVIOR OF MY GUESTS. I AGREE TO ABIDE BY DIRECTIVES OF WOODSTREAM FALLS EMPLOYEES, MANAGEMENT, OR BOARD MEMBERS INCLUDING LEAVING THE POOL AREA.

RESIDENT SIGNATURE

DATE