

WHITE OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.
AMENITY APPLICATION AND RECORD SHEET



Homeowners are required to complete this application. Please provide a copy of the homeowner's valid driver's license. If the tenants will be picking up access devices from the APM office, tenants are required to bring a copy of their Lease and valid driver's license in order to obtain keys.

OWNER NAME: _____ TENANT OCCUPIED? YES NO
ADDRESS: _____ CITY: _____, TX ZIP: _____
PHONE: _____ EMAIL: _____

OCCUPANT NAMES & AGES

Please list names and ages of all resident members entitled to use this access device. (NOTE: Only those persons who legally reside in the above listed address are considered residents.)

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

1ST Year- 2 Access Devices- \$260
Yearly Renewal- \$130
Replacements- \$25

Please mark your selection accordingly:

1st Year Renewal Replacement

****Please allow 24 business hours for activation after receiving your device. ****

NO ONLINE PAYMENTS FOR AMENITY DEVICES!

Payment must be cash or check, payable to: Action Property Management.

How would you like to receive your access device(s)?

Pick up from APM office located at: 11118 Cypress N. Houston Rd, Houston, TX 77065 during business hours.
Business Hours: Monday-Thursday 10am-6pm, Friday 10am-4pm
**** Please call at least 2 hours prior to arrival. ****

Send by regular mail to the subject address.
**** Please note, if keys are not received, the homeowner will be responsible to pay for another access device to be sent. For this reason, this option is **NOT RECOMMENDED**.**

AGREEMENT:

I, _____, as Head of Household and members of my family/unit do hereby acknowledge that I have received a copy of rules and regulations governing the amenity areas and will abide by these rules. Each access device will allow up to 4 members of the family to the amenity. Additionally, our assigned access device will not be loaned out to anyone not listed as members of my address. If the access device is lost or stolen, a **REPLACEMENT FEE** of \$25.00 will be required for my household to continue to benefit from the amenities by purchasing a replacement access device. I also agree to reimburse White Oak Springs/Bonaire HOA for any damages caused by me, members of my family and/or guests.

SIGNATURE: _____ DATE: _____

Please return this form and any applicable payment to:

Action Property Management
11118 Cypress N. Houston Rd., Houston, TX 77065
Email: info@actionproperty.net
Fax: (713) 686-4694

*******For Office Use Only*******

ACCESS DEVICE #1: _____ ACCESS DEVICE #2: _____
1ST ACCESS DEVICE FEE: \$260.00 _____ 2ND ACCESS DEVICE FEE: \$130.00 _____
REPLACEMENT ACCESS DEVICE FEE \$25.00 _____ APM REPRESENTATIVE: _____
OWNERS LEGAL # _____ NOTES: _____