



*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