

**Key Fob Request Form**  
Grand Oaks Master Association, Inc.

To request a key fob from Grand Oaks Master Association, Inc., please complete this form.

**Terms**

- All homeowners must be in good standing with the Association to maintain key fob access to the clubhouse and pool area. Common area use rights may be suspended in accordance with FS 720.305(2).
- Maximum of two key fobs per residence.
- Key fobs cost \$25 each. Please make your check or money order payable to Grand Oaks Master Association, Inc. No cash will be accepted.
- Please mail your completed form and payment to:  
**Grand Oaks Master Association, Inc.**  
**c/o Greenacre Properties, Inc.**  
**4131 Gunn Highway**  
**Tampa, FL 33618**
- Upon receipt of the completed form and payment, key fobs will be mailed within 7 - 10 business days.

In consideration for the admittance of the listed persons on the Key Fob Request Form into the Grand Oaks Club facility, owned by Grand Oaks Master Association, Inc., the undersigned hereby holds harmless and releases Grand Oaks Master Association, Inc., its agents, officers and employees, from any and all liability for any injuries that might occur in conjunction with usage of the Grand Oaks Clubhouse and all amenities and/or social functions associated with same. Nothing herein shall be construed as a waiver of Grand Oaks Master Association, Inc. sovereign immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability which may have been adopted by the Florida Legislature in Section 768.28, Florida Statutes or other statute.

A \$25 fee must be remitted to receive a Grand Oaks Clubhouse access key fob. The key fobs remain the sole property of Grand Oaks Master Association and shall be returned at such time that a homeowner is no longer a resident of the Grand Oaks Community.

In the event that a key fob is lost, stolen, or otherwise destroyed, the undersigned will be responsible for paying a \$25.00 fob replacement fee. Homeowners in good standing may receive a replacement fob at no additional cost if a nonworking fob is returned to the Association.

**Homeowner Information** (Please print)

Please check the appropriate box below to indicate whether this is a request for a new key fob or a replacement for a lost fob.

New     Replacement

If request is for a **replacement key fob**, please select one of the following:

Fob lost, stolen, or destroyed     Fob no longer works

**Number of key fobs requested:**

Key Fob #1    First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Key Fob #2    First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date residence purchased \_\_\_\_\_

Is this residence rented?

Yes     No

**Renter Information**

Renter #1    First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Renter #2    First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Please sign below to signify your acceptance of the terms and conditions of this form.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_