

Oceanside Community Association 550 Vista Bella, Oceanside CA 92057 760-757-3937 Phone 760-757-8177 Fax www.oceanaseniors.org Email: office@ocaoffice.org

FOB REQUEST

Each home may request up to TWO fobs. Each fob has an individual activation code. OCA will activate and record the code to the person assuming responsibility for it. Fobs will only be released to registered homeowners or their registered tenants. (Registered: Age Verification on file)

Homeowner - Please print _____

Tenant / Prop Mgr - Please print _____

Unit _____ House #_____ Phone _(____)_____

Email - Please print _____

TENANT The homeowner's written authorization is **mandatory**. LIABILITY: The homeowner maintains all financial responsibility. HOMEOWNER: I authorize ______ & _____

DEPOSIT: There is a \$25 deposit for each fob. Upon return, the deposit will be credited back to the homeowner's account. If the fob is lost or stolen, the deposit is forfeited. There is a \$50 charge for each replacement fob.

RESPONSIBLE USE: Do **NOT** lend the fob to anyone. If it is used by anyone else, the code will be deactivated. If the fob is lost or stolen, notify the OCA office immediately so the code can be deactivated. Until notice is received, the access provided by the fob is the homeowner's responsibility.

WAIVER BY USER: Signature of Authorized User #1 _____ Signature of Authorized User #2 I RELEASE THE HOA OF RESPONSIBILITY AND UNDERSTAND THAT I AM RESPONSIBLE FOR SECURING GATES THAT LEAD TO THE POOLS AND SPA AREA. Per CA Health & Safety Code 2022 and Swimming Pool Safety Act SB-442.

HOMEOWNER: I authorize OCA to add a \$25 fob deposit for each fob and assume responsibility.

Signature						Date	/	/
	OCA Use	FOB #1			FOB #2			
	Distributed to _							
	AppFolio	\$	fob deposit	Entered by				-