



5817 Royal Ridge Drive, Springfield, VA 22152 • (703) 451-3636

SWIMMING POOL APPLICATION FORM

OWNER:

(Owner's Name(s))

(Address)

(City)

(State)

(Zip)

Phone #

Wk #

Cell #

Cell #

Email(s):

Additional Occupants(s):

Age(s)

In case of emergency, contact:

(Name)

(Phone)

I, the undersigned, have fully read and fully understand Tivoli's Master Deed and By-Law's, as well as the Swimming Pool Regulations, and will furnish a copy of the same to any tenant currently leasing my unit.

(Owner's Signature)

(Date)

If Unit is rented, please complete below:

RENTER:

(Renter's Name(s))

(Building Address and Unit)

Phone #

Wk #

Cell #

Cell #

Email(s):

Additional Occupant(s)

Age(s)

In case of emergency, contact:

(Name)

(Phone)

