

*Hills Village North Master Association*

*c/o Signature Property Group*

*25 Artillery Park Road, Bedminster, NJ 07921*

*Ph: 908-781-2333, Fax: 908-781-2323*

**POOL AUTHORIZATION FORM**

**MUST BE COMPLETED BY THE LANDLORD**  
**GRANTING PERMISSION TO THE TENANT**  
**TO USE THE AMENITIES**

By signing below, I agree that I will assume full and complete responsibility for my tenant (s) who I am permitting to use the facility. I give permission for my tenant to be sent validation stickers and guest coupon booklet and/or give them permission to pick up their recreation pass/pool badge.

Homeowner Name: \_\_\_\_\_

Homeowner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

Tenants Name on Lease: \_\_\_\_\_

Tenants Phone# Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form via fax or mail to the above address