



# Rolling Fork Owners Committee, Inc.

(713) 937-4175 (Mailbox #0) or Action Property Management (713) 686-4692

**PLEASE PRINT**

OWNER NAME: \_\_\_\_\_ TENANT NAME \_\_\_\_\_  
*(Tenant must have prior written approval from owner)*

ADDRESS: \_\_\_\_\_, HOUSTON, TX 77040

PHONE: \_\_\_\_\_ ALT NUMBER: \_\_\_\_\_

Please list names of all residents/tenants entitled to use this FOB. (NOTE: Only those persons who legally reside in the above listed address are considered residents/tenants.) Please provide ages of all residents/tenants below.

**NAMES & AGE**

<i><b>NAME</b></i>	<i><b>AGE</b></i>	<i><b>NAME</b></i>	<i><b>AGE</b></i>
1		2	
3		4	
5		6	
7		8	
9		10	

**AGREEMENT:**

The Owner and Tenant, by our signatures below, acknowledge that we have received a copy of Rules and Regulations governing the amenity areas and will abide by these rules. The Owner assigns his rights to use these amenities to tenant. The Owner/Tenant agree the FOB shall not be used by anyone other than those listed above. If the FOB is lost or stolen, a **\$25.00 REPLACEMENT FEE** shall be paid for a replacement FOB. No access will be granted without an FOB. The Owner shall reimburse Rolling Fork Owners Committee, Inc. for any damages caused by owner, family, guests or tenants. If the FOB is not picked up during the scheduled distribution times at the Castle it can be picked up from Action Property Management or mailed for a \$5.00 fee which must be attached to the application. **NO EMAIL APPLICATIONS WILL BE ACCEPTED.**

DATE: \_\_\_\_\_, 20\_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

TENANT SIGNATURE \_\_\_\_\_

RFOC/APM REPRESENTATIVE: \_\_\_\_\_

FOB NUMBER 1: \_\_\_\_\_

FOB NUMBER 2: \_\_\_\_\_

1<sup>ST</sup> FOB FEE: NO CHARGE \_\_\_\_\_

2<sup>ND</sup> FOB FEE: \$ 10.00 \_\_\_\_\_

REPLACEMENT FOB FEE \$25.00 \_\_\_\_\_

OWNER LEGAL # \_\_\_\_\_