



# Compton Village Homeowners Association

14401 Compton Village Drive | Centreville, Virginia 20121  
Phone: (703) 815-0014 | E-Mail: [comptonvillage@verizon.net](mailto:comptonvillage@verizon.net)

## POOL REGISTRATION APPLICATION 2022

<i>Office Use Only</i>		
Date: _____		
A: _____   C: _____		
M	P/U	Pool

**Homeowner:** \_\_\_\_\_ **Lessee:** \_\_\_\_\_  
(Last Name) (Last Name)

Home Street Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact Info:**

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list **ALL** residents living at the above address and requesting admission to the pool for the 2019 Compton Village Pool Season.

**NOTE: YOU MUST LIST YOURSELF BELOW TO RECEIVE A PASS.**

	Household Members (Full Name)	Age (If under age 21)	Sex	Existing Pool Pass Number?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I/We will pick up a copy of the Compton Village Pool Rules from the HOA office, or download it from the website, and acknowledge and agree to abide by the Pool Rules and Regulations. I am aware that the Compton Village Homeowners Association can suspend one's right to use the pool for violation of published rules and regulations.

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

Signature: \_\_\_\_\_

### Homeowner Transfer of Privileges to Lessee

I/We wish to transfer the privilege to use the swimming pool facilities to my/our lessee(s) for the swim season.

#### AGREEMENT

It is understood that although I/We have personally relinquished pool privileges to the Compton Village pool, this in no way releases me/us as member(s) of the Compton Village Association and of the obligation to pay all required assessments and abide by the architectural reviews. It is further understood that the Pool Rules and Regulations of the Association are to be obeyed and that continued non-compliance may result in the suspension of pool use. Furthermore, I/We certify that all persons listed above are permanent residents of the address.

Signature of Owner(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

Offsite Address: \_\_\_\_\_