



Compton Village Homeowners Association

14401 Compton Village Drive, Centreville Virginia 20121
Phone: 703-815-0014 | e-Mail: comptonvillage@verizon.net

POOL REGISTRATION APPLICATION 2018

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

Homeowner:
(Last Name) _____

Lessee:
(Last Name) _____

Compton Village 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 2017 Compton Village Pool Season.

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

PROOF OF RESIDENCY REQUIRED: Proof of Residency is considered "On File" if a pool pass was issued to that person in either of the past two seasons. If the person does not have Proof of Residency on file, proof must be submitted with the application form. (Driver's license, school report card, utility bill, etc. with the Compton Village address on it would constitute Proof of Residency.)

Household Members (Full Name)	Age (If under 21)	Sex		Proof of Residency	
		M	F	On File	Encl.
1.		M	F	On File	Encl.
2.		M	F	On File	Encl.
3.		M	F	On File	Encl.
4.		M	F	On File	Encl.
5.		M	F	On File	Encl.
6.		M	F	On File	Encl.

I/We will acquire a copy of the Compton Village Pool Rules and acknowledge and agree to abide by the Pool Rules and Regulations and that understand that pool rights may be suspended in response to any violations.

Date: _____ Signature: _____

Signature: _____

Homeowner Transfer of Pool Privileges to Lessee

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 Homeowners Association 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.

The lease holder may pick up the pool passes. Yes _____ No _____

A copy of the lease is: On File at the HOA office. _____ Enclosed. _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Phone 1: _____ Phone 2: _____ e-Mail: _____

Offsite Address: _____