

**Washingtonian Woods Homeowners Association, Inc.
Swimming Pool Application – 2019 Pool Season**

Owner(s) _____

Address _____

Home Number _____ Work Number _____

Cell Number _____ Emergency No. _____

Email Address of Homeowner: _____

Please check one of the following:

- The Applicant is the owner of record and currently occupies the residence.
 The Applicant is owner on record of record but does not live in the community. Please complete Renter's Information*

Renter's Name(s): _____

***Note: Renters must include a copy of either their lease or their driver's license showing an address within Washingtonian Woods.**

In the space below, please list all members of the household who will use the swimming pool facility. For children between the ages of 10 and 16, please circle Yes or No to indicate whether the child should be permitted to use the pool without being accompanied by an adult of guardian over the age of 16.

<i>Household Members</i>	<i>Age Category</i>			<i>Age 10-16 Permission</i>	
	<i>Over 16</i>	<i>Under 10</i>	<i>10-16</i>	<i>Yes</i>	<i>No</i>
1 _____	____	____	____	Yes	No
2 _____	____	____	____	Yes	No
3 _____	____	____	____	Yes	No
4 _____	____	____	____	Yes	No
5 _____	____	____	____	Yes	No
6 _____	____	____	____	Yes	No
7 _____	____	____	____	Yes	No
8 _____	____	____	____	Yes	No

Total number of persons in household: _____.

All members of your household must have a valid automated pool membership.

Please read the 2019 Swimming Pool Operating Policies, Rules and Regulations with the members of your household. Your signature confirms that you have read and understand the rules and that all members of your household understand and agree to abide by them.

Applicant's Signature: _____ Date: _____

Printed Name _____

RETURN APPLICATION BY FRIDAY, MAY 10, 2019:

c/o Property Management People, Inc.
955A Russell Avenue
Gaithersburg, MD 20879
Fax 240-361-0649
E-mail: washingtonianwoods@pmpbiz.com