

**Locksley Woods Condominium Association, Inc**

106 Regency Blvd.

Greenville, NC 27834

Phone: (252) 329-7368 Fax: (252) 355-9641

**2025 POOL AUTHORIZATION FORM**

Unit Owner/s Name: \_\_\_\_\_

Locksley Woods Unit Address: \_\_\_\_\_

Unit Owner Mailing Address (if different than unit):

\_\_\_\_\_  
\_\_\_\_\_

Unit Owner Phone Number: \_\_\_\_\_

Unit Owner Email Address: \_\_\_\_\_

I authorize \_\_\_\_\_ to pick up the pool gate card for my Locksley Woods unit. Provide a name if the owner will not be picking up the card.

**Please provide a list of current residents for this unit.** Any current resident may be asked to provide proof of residency. These persons are the only ones authorized to use the pool card for access. All others will be considered a guest and must be accompanied by a resident.

_____	_____
_____	_____
_____	_____

_____	_____
Unit Owner Signature	Date

_____	_____
Unit Owner Signature	Date

Office Use Only: Pool Card Number: \_\_\_\_\_