

Annapolis Overlook – Pool & Fitness Center Pass Replacement Form

Date: _____

Unit Address: _____

Address to Mail Pass: _____

Owner(s) Name

Name: _____

Address: _____

Phone: _____

Tenant(s) Information

Name: _____

Phone: _____

I UNDERSTAND THERE IS A \$75.00 REPLACEMENT FEE FOR EACH POOL/FITNESS CENTER PASS.

Upon release of the replacement pass, this fee will be applied to the assessment account of the unit owner.

Unit Owner Signature: _____ Date: _____

Should you have any questions regarding this form, please contact the Community Manager – Jon Evans, at jevans@sentrymgt.com, or via telephone at 410-721-7171 extension 57023.

Please return completed form to Sentry Management, Inc., Attn: Jon Evans via:

- **Email:** jevans@sentrymgt.com
- **Fax:** 410-721-3842
- **Mail:** 2200 Defense Highway, Ste. 405, Crofton, MD 21114

To remit payment via personal check or money order, **please make payable to Annapolis Overlook Condominiums, Inc.**, and mail to the address listed above.

Payment may also be made electronically or over the telephone; for additional payment option information please navigate to: www.sentrymgt.com.

For internal use only – please do not complete the portion below the dotted line.

Date Issued: _____ Distribution Method: _____

Manager's Signature: _____ Payment Method: _____