

2026 Holleybrooke Homeowners Association, Inc.

Tenant Pool Authorization Form

To Whom It May Concern,

The 2026 Pool Season is just around the corner. Currently, we request that all Homeowners or Management Companies who rent a property in the Holleybrooke/Cobblestone Subdivisions and wish to grant access to the pool, please complete and sign the following form and return it as soon as possible by email to holleybrookeVApool@gmail.com. Please indicate in the subject field: Tenant Pool Authorization. You may also mail it to:

Holleybrooke Homeowners Association, Inc.
c/o Signature Property Management
5311 Lakeside Ave.
Richmond, VA 23228

Desk phone: 804-746-7466

In order to issue pool passes to tenants all dues must be paid in full, all ACC violations remedied and the HHOA must have on file this signed authorization form verifying that the tenants are the legal full time residents of the property.

The form must show the names of all legal tenants (including children) living at the property. Landlords are liable for compliance with the Rules and Regulations by their tenants and need to review these Rules and Regulations and supply a copy to their tenants.

Any false information on this form will be grounds for pool passes to be revoked.

If you have any questions, please call the number listed above and leave your name and phone number. Thank you for your cooperation.

Please do not fill out your Tenant's Pool Pass Application, they are required to fill out and sign them.

Property address: _____

Owner's Name: _____

Phone: _____

Owner's address: _____

EMAIL: _____

Preferred method: Yes or No

(If you wish to receive future correspondence via email instead of paper, please provide your email.)

2026 Holleybrooke Homeowners Association, Inc.

Tenant Pool Authorization Form

Legal tenants residing at above property including children. (Please provide DOB if known)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I verify that the above information is true.

Print Name: _____

Signature: _____

Title: _____ Date: ___/___/___