

Twin Falls Community Association, Inc.

Owner Information Form

Mail, fax or email the completed form to:
Community Solutions
P.O. Box 5191, Katy, TX 77491
F (713) 344-0472
Email via service@csutx.com

Name	
Property Address	
Mailing Address (if different from above)	
City, State	Zip Code
Home Phone	Cell Phone
Email	Other

CHECK THIS BOX to give permission to be contacted by email with information relating to Twin Falls.

ACCESS CARD REQUEST

If you would like an access card to enjoy the recreational facilities, please indicate below and ONE access card will be mailed to the property address. Additional access cards can be purchased for \$40.00 each. If you already have an access card issued to you, we cannot issue a second card until payment is received.

Number of Cards Requested:

- _____ 1 Access Card (*Free if no card has been issued for the property address*)
- _____ 2 Access Cards (*payment included*)
- _____ 3 Access Cards (*payment included*)

For Office Use Only:
Card Number

Please initial here:

_____ By requesting, receiving, and using my pool access card, I am acknowledging that at all times I will abide by all of the set rules. I will be responsible for my family members and any guests accompanied with me. We will be responsible for picking up after ourselves, returning all chairs to their proper location, and removing any trash that remains.

