

**SAWYER'S MILL OWNERS' ASSOCIATION  
POOL PASS REGISTRATION FORM**

Resident: \_\_\_\_\_

Property Address: \_\_\_\_\_, Chesapeake, VA 23323

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
(currently residing) (currently residing)

Current Address (if different from property address): \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ for: \_\_\_\_\_

**Owner's Name (if property is rented)**

\_\_\_\_\_

Names of Family Members (currently residing at above address):

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

**I hereby certify that I am an owner/resident of Sawyer's Mill Owners' Association. I wish to register for the current pool season and do hereby agree to abide by the Pool Rules and Regulations of Sawyer's Mill Owners' Association. I further agree that I shall be responsible for the actions of all members of my family and guests. I also acknowledge that I have read all of the Sawyer's Mill Owners' Association Pool Rules and Regulations. All persons using the Sawyer's Mill Owners' Association Pool have read the Rules and also agreed to abide by these rules.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

In the event of an emergency, a full report will be given to the Association Manager in writing.

If you notice any maintenance or other problems with the pool or the pool area that needs attention, please contact:

**United Property Associates  
Marsha Garrett 963-9274  
Association Manager**