Shadowbend Homeowners Association, Inc.

Your mobile key will be available through the Open Path app on your mobile device.

Property Owner's Name:		
Last Property Address:	First	M
Troporty Address.		
City	State	Zip Code
Mailing Address:		
City	State	Zip Code
Home Phone:	Cell Phone:	
Email:		
Will this code be used by a renter of your If so, please provide us with the name (The property Owner is responsible for	(s) and contact number for the teractions of tenants.	No nant.
Tenant Lease Start Date:		
Tenant Lease End Date:		
Tenant Name:		
Last Home Phone:	FirstCell Phone:	M
Email:		
By signing below, I have read, un Shadowbend Homeowners Association	nderstand, and agree to abide by the	
Signature of Property Owner	D	ate
bigilature of Froperty Owner		rate

Complete form thoroughly and send it to:

Legacy Property Management, LLC, 8668 John Hickman Pkwy., Suite 801, Frisco, TX 75034 poolkeys@legacysouthwestpm.com