

PLEASE  
PRINT  
CLEARLY

Any spelling corrections required  
due to illegible handwriting will be  
at owner expense.

# THE VILLAGES OF WELLINGTON

## eCard REQUEST

### Requirements for homeowners to acquire an electronic Recreation Pass.

- ★ Pay account balance to become member in good standing.
- ★ Submit **\$20.00 per card** requested with this form to Peak Properties. Card will be mailed.

Village of Wellington Property Address

**3613 -**

PRIMARY HOMEOWNER NAME(S)

My signature below certifies that I am the official homeowner of the property at the above address. I authorize electronic Recreation Pass cards to be issued in the names indicated

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Contact Phone - Daytime

Email

Indicate type of eCard being requested:

- Additional card (Limited to two active e-cards per household)
- Replacement of lost card (lost card will be de-activated)

First card @ \$20.00

PRINT FIRST NAME (S)

LAST NAME

Check here if Member of Household

Check here if applicant is RENTER

Renter phone: \_\_\_\_\_

Email: \_\_\_\_\_

Second card @ \$20.00

PRINT FIRST NAME (S)

LAST NAME

Check here if Member of Household

Check here if applicant is RENTER

Renter phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Mail this form with owner's check of \$20.00 per eCard requested to:**

**Peak Properties, LLC, 11711 Hermitage Rd, Suite 7, Little Rock, AR 72211**

**Fax: 353-0398 ♦ Email: info@peakpropllc.com ♦ Phone: 353-0368**

Rev: 1-27-15

THIS SECTION FOR

MANAGEMENT ONLY: 3613- \_\_\_\_\_ [ ] ACCOUNT PAID IN FULL as of \_\_\_\_\_ [ ] ACCOUNT PAST DUE \$ \_\_\_\_\_

Paid \_\_\_\_\_

eCard New Owner - No charge - Closed on: \_\_\_\_\_

eCard Payment rec'd \_\_\_\_\_ Owner check # \_\_\_\_\_

eCard# \_\_\_\_\_ eCard Activated \_\_\_\_\_