

Villages of Leacroft HOA FOB Request Form

Name _____

Address _____

Where to Mail (if different address) _____

Phone # _____ Email _____

Date _____

Fob: \$40.00/ea _____ (2 maximum per household)

Additional? _____ OR Replacement? _____

Please return this form with Check or Money Order to:

Villages of Leacroft HOA
C/O FirstService Residential
5970 Fairview Road
Suite 710
Charlotte, NC 28210

Questions? Contact us: residentsupport.nc@fsresidential.com or 800-870-0010

NOTE: If you are a renter, FirstService Residential must receive a completed TCAP form and a copy of your signed lease agreement before you can purchase a fob. Please contact your landlord to obtain this information.

FOR OFFICE USE ONLY:

Paid by Check/Money Order (Date Rcvd/Check #) _____

Issue Date _____ Mailed / Owner Pickup (Name) _____

Update Portal Info

Pass Maintenance

Scanned Correspondence

Code Check