

2026 POTOMAC KNOLLS HOMEOWNERS' ASSOCIATION, INC.
SWIMMING POOL PASS APPLICATION

PLEASE PRINT:

Street Address: _____ Home Telephone #: _____

Work Telephone #: _____ Owner/Resident: [] Lessee/Resident: []

Please print the names of all individuals living in your home that are bonafide residents and members of the Potomac Knolls Homeowners Association:

1. Name _____

2. Name _____

3. Name _____
(Age of Youth)

4. Name _____
(Age of Youth)

5. Name _____
(Age of Youth)

6. Name _____
(Age of Youth)

In case of an emergency, please contact: _____

I hereby state that the information provided herein is accurate and that I have read and understand the Potomac Knolls Swimming Pool Rules and Regulations and accept them.

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE NOTE: IT IS THE HOMEOWNER'S RESPONSIBILITY TO INFORM THE ASSOCIATION OF ANY MEDICAL CONDITION THAT YOU, OR YOUR GUESTS MAY HAVE.

(FOR OFFICE USE ONLY)

[] Account is not in arrears.

[] Account is in arrears. Outstanding \$ _____

[] No ACC Violations.

[] ACC Violations.

Resident notified on:

By: _____

Passes issued on: _____