

VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

WEBSITE: **VWP2.COM**

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(888 - 399-8972)



POOL KEY DEPOSIT REFUND REQUEST (FORM #1-PR)

Request is hereby made by the following individual: _____,
who is/was a _____ in the Villas of Windmill Point
II POA., unit # _____, to the Treasurer of the POA., to refund the \$ _____
deposit paid on _____, to the POA as a refundable deposit for a key
to the pool patio entrance gate. I have delivered the physical key to: _____
_____ on this date: _____,
the acceptance of which is evidenced below. **SIGNED:** _____

The undersigned hereby acknowledges receipt of the pool gate key and authorizes the POA
Treasurer to make payment within 15 days to: _____,
at the following address: _____

KEY RECEIVED BY: _____, on _____
Signature Date

Print Name and POA position: _____

[THIS SPACE RESERVED FOR TREASURER]