



**Powder Mill Village Association, Inc.**

c/o Cedarcrest Property Management  
91 Clinton Road Suite 2D Fairfield, NJ 07004  
(973) 228-5477 (973) 228-5422 fax  
[kat@cedarcrestpm.com](mailto:kat@cedarcrestpm.com)

**2015 POOL/RECREATION PASS APPLICATION**

**\*\*THIS FORM MUST BE BROUGHT COMPLETED & SIGNED BY OWNERS  
FOR TENANTS TO RENEW OR RECEIVE THEIR 2015 PASSES**

**PMV UNIT PROPERTY ADDRESS:** \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER MAILING ADDRESS (if different than property address): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF OCCUPANTS: \_\_\_\_\_ NAMES AND AGES OF OCCUPANTS (list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Homeowner Signature

**\* PLEASE NOTE: THE HOMEOWNER MUST SIGN THIS APPLICATION**

*\* Each unit is entitled to pool passes for one (1) family, if the unit is rented, the owner may give his privileges to his tenant by signing the application and having the tenant fill out the application below and bringing the signed, completed application to the badge days.*

TENANT: \_\_\_\_\_

TENANT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF OCCUPANTS: \_\_\_\_\_ NAMES AND AGES OF OCCUPANTS (list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Residents		Guest		Replacement	Total \$ Rec'd
Badges	Stickers	Badges	Stickers		

Received: \_\_\_\_\_

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