



Spring Valley Lake Association

13325 Spring Valley Parkway
7001 SVL Box
Victorville, CA 92395-5107

One Day Guest Pass Request

Acct. # _____ Property Owner Name: _____

Property Address: _____

Of one day guest passes requesting: _____ (6 Max) Date requesting passes for: _____

I understand that I am responsible for my guests at all times while on Association property. As a property owner I understand that I am able to receive up to 6 one day guest passes on 4 separate occasions throughout the Association's fiscal year November 1- October 31st.

Property owner signature

Date

Office use only

Acct. in good standing: _____ Note account of passes issued: _____

Expiration date of Passes: _____ One day passes issued previously: _____
(# times within fiscal year)

Employee Initials: _____

Association Office – 760.245.9756
Public Safety – 760.245.6400
Fax – 760.245.3076
Website – www.svla.com