

# WOODBIDGE CENTER

## Swimming Pool Application

We look forward to a safe, fun, and exciting summer. This summer, your community is using Access Granted Systems, LLC to generate photo ID cards for all patrons. All patrons must present their ID cards to gain entrance to the pool area.

There is an application fee. The application fee is \$5 per person plus \$5 per household.

**Applications that are incomplete or if the unit owner is delinquent on their HOA fees will not be processed. Furthermore, should you have tenant(s), a current Delegation of Use form submitted in connection with this application. Please email your lease to Admin@HPSManagement.com**

### How do I receive my pool passes?

Apply online at: <https://swimmingpoolpasses.net/woodbridgecenter/>

OR

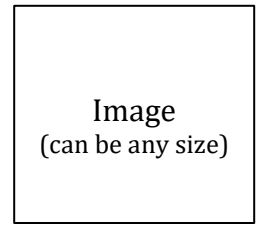
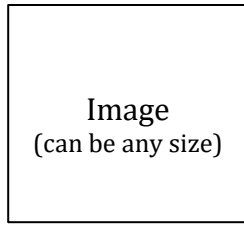
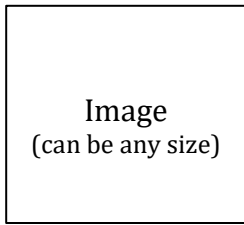
Mail this pool *Application*.

For quicker processing, apply online!



Scan QR code to apply now!

# Household Members



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Name (First & Last)

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Name (First & Last)

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Name (First & Last)

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Pass # (if retaining previous pass)

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Pass # (if retaining previous pass)

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Pass # (if retaining previous pass)

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Date of Birth

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Date of Birth

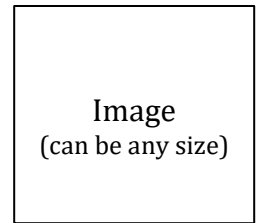
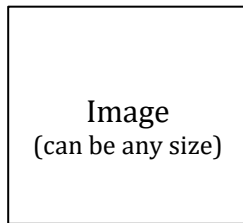
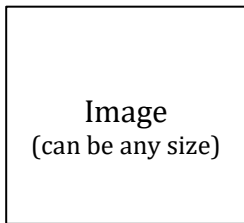
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Date of Birth

- I need a new pass mailed to me  
or  
 I have last year's pass and have  
entered the pass # above

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**Important:** Please label each image

(Use additional pages if needed)

## Address

\_\_\_\_\_

Address City State Zip

## Tenant Information

I am the owner

I am a renter and submitted my Delegation of Use form by:

Emailing it to [Admin@HPSManagement.com](mailto:Admin@HPSManagement.com)

Faxing it to 1-866-724-5497

Mailing it to 424 N. Union Ave, Havre de Grace, MD 21078

## Additional Information

If we need to reach you, whom should we contact?

\_\_\_\_\_

Name Email Phone

## Application Fee

Pass Name	Quantity	Cost	Subtotal
Membership Passes (# of people)	_____	x \$ 5.00 =	\$ _____
Household Fee			\$ 5.00
			\$ _____
			<b>Grand Total</b>

Make checks payable to: **Access Granted Systems, LLC.**

## Final Checklist

- I have enclosed this *Pool Application*.
- I have enclosed my *Membership Fee*. Make checks payable to: **Access Granted Systems, LLC**.
- I have submitted my Delegation or Use Form (see instructions on page 3 or form) (if applicable)

For each member of my household....

- I have enclosed my profile image(s) and labeled each one.

### Mail the above items to:

Access Granted Systems, LLC  
11 Bee Tree Mill Ct.  
Parkton, MD 21120

Passes will be mailed to you. Please allow 7-10 business days for processing time.

# Woodbridge Center Homeowner's Association, Inc.

## DELEGATION OF USE FOR POOL

Any owner may delegate, in accordance with the Woodbridge Center Homeowner's Association, Inc. (WCHOA) By-Laws, his or her right of enjoyment to the common areas and facilities to the member of his or her family or tenant(s) provided the delegate(s) reside within the home.

I, \_\_\_\_\_, owner of

\_\_\_\_\_, Edgewood, MD 21040,

HEREBY CONVEY OUR RIGHT AND PRIVILEGES to the common areas and facilities of the community of WCHOA to the following delegate(s):

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I/WE HEREBY CERTIFY that the above-mentioned delegate(s) reside at the above-mentioned address and have been informed of the WCHOA Rules & Regulations, By-Laws, and Declarations of Covenants and Restrictions.

I/WE FURTHER CERTIFY that I/WE, being the recorded deed owner(s) of said property, are responsible for the actions of said delegate(s).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner Signature Printed Name DATE

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner Signature Printed Name DATE

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

### Ways to submit this form:

Fax: 1-866-724-5497  
Email: [Admin@HPSManagement.com](mailto:Admin@HPSManagement.com)  
U.S. Mail: 424 N. Union Ave, Havre de Grace, MD 21078