

DEERFIELD VILLAGE COMMUNITY ASSOCIATION, INC.  
4045 Deerfield Village Drive  
Houston, Texas 77084  
(281) 463-2624 dvmgr@deerfieldvillageonline.com

## DVCA APPLICATION FOR ACCESS CONTROL CARD

**PLEASE PRINT** (\*Required fields)

\*ADDRESS: \_\_\_\_\_ Are you the homeowner? Y N (circle one)

If NO, you must have a release from the property owner. This is a separate form.

For office use only: Homeowner \_\_\_\_\_ Tenant \_\_\_\_\_ Release \_\_\_\_\_ DVCA \_\_\_\_\_

\*Name: \_\_\_\_\_  
(First) (Last)

\*Email Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Card # \_\_\_\_\_ Card Rec'd \_\_\_\_\_ Date \_\_\_\_\_

I request access to: Tennis Courts Y N Other rooms available per scheduled request only.

For office use only (used to set up access control schedule):

Access: \_\_\_\_\_ (G1, G2, G3, G4)

Clubhouse \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_ (Does not include rental)

Annex \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_ (Does not include rental)

Small Meeting Room \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_ (Does not include rental)

Tennis Courts \_\_\_\_\_ Sunday – Saturday xxxxx (time)

Bathrooms \_\_\_\_\_ X \_\_\_\_\_ Sunday – Saturday (24/7 All Residents)

Entered by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\*Name: \_\_\_\_\_  
(First) (Last)

\*Email Address: \_\_\_\_\_

\* Phone: \_\_\_\_\_ Card # \_\_\_\_\_ Card Rec'd \_\_\_\_\_ Date \_\_\_\_\_

I request access to: Tennis Courts Y N Other rooms available per scheduled request only.

For office use only (used to set up access control schedule):

Access: \_\_\_\_\_ (G1, G2, G3, G4)

Clubhouse \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_ (Does not include rental)

Annex \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_ (Does not include rental)

Small Mtg Room \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_ (Does not include rental)

Tennis Courts \_\_\_\_\_ Sunday – Saturday xxxxxxxx (time)

Bathrooms \_\_\_\_\_ X \_\_\_\_\_ Sunday – Saturday (24/7 All Residents)

Entered by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## Access Control Card – Applicant’s Responsibility Agreement

- **Status of resident’s assessments must be current to use any of DVCA Recreation Center Complex, including tennis courts & bathrooms (“DVCA facilities”).**
- Each household in Deerfield Village can be issued two (2) Access Control Cards. Additional cards (or if a card is lost or stolen) can be purchased at the cost of \$25.
- I will report the loss or theft of my Access Control Card to the DVCA office as soon as possible.
- Only members of my immediate family will be allowed to use my Access Control Card.
- In the event, I sell my home, or lease to a new tenant, I agree/will notify the DVCA office **immediately**.
- As the homeowner / resident / tenant, I agree I am responsible for any damage or abuse caused to the DVCA facilities.
- I agree to report any damage to DVCA facilities or misuse of the facilities to the DVCA office.
- I understand the tennis courts are used for tennis and pickleball play only and there is a limit of one court per household. The court signup sheets located on the DVCA office window should be filled out when reserving, or using the tennis courts at any time.
- I understand the Access Control card is used to unlock the gate/door from the outside only.
- I will **stop and wait** for the access control gate/door to fully close prior to proceeding upon entering and exiting. Facilities close at 10:30pm.
- I understand there is to be **no** smoking in or on DVCA facilities and **no** alcohol on the tennis courts or in the bathrooms. **NO** Firearms and/or weapons are allowed on any of DVCA property.
- I understand the Association is **not** responsible for any personal property left on the premises.
- I understand the Association assumes **no** responsibility or liability for any injury, harm, or discomfort in the use of the facilities.

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I have read the responsibilities of the Access Control Card and understand that failure to comply with any of them may result in the suspension / revocation of my Access Control Card. [redacted] (initials)

The information I have provided on this application is true, complete, and correct to the best of my knowledge and the belief it is provided in good faith. [redacted] (initials)

Resident Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name) \_\_\_\_\_

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I have read the responsibilities of the Access Control Card and understand that failure to comply with any of them may result in the suspension / revocation of my Access Control Card. [redacted] (initials)

The information I have provided on this application is true, complete, and correct to the best of my knowledge and the belief it is provided in good faith. [redacted] (initials)

Resident Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name) \_\_\_\_\_