Floridian Bay Estates HOA

❶ **This section to be completed by the Homeowner.**

RESIDENT'S NAME: _____

[____] **OWNER** [____] **TENANT**

PROPERTY ADDRESS: _____ **ACCT: NO.:** _____

HOME TELEPHONE NO.: (_____) _____

TELEPHONE NUMBER TO BE PROGRAMMED IN DIRECTORY: (_____) _____

❷ **This section to be completed by the receptionist and/or Board of Directors..**

ENTER REMOTE CONTROL\GATE CARD NUMBER:_____ CODE:_____
ENTER REMOTE CONTROL\GATE CARD NUMBER:_____ CODE:_____
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ENTER REMOTE CONTROL\GATE CARD NUMBER:_____ CODE:_____
ENTER REMOTE CONTROL\GATE CARD NUMBER:_____ CODE:_____

ISSUED BY:_____ **DATE:**_____

PURCHASED BY:_____ **PRINT NAME:**_____
Signature

PLEASE YOU MUST KEEP RECORD OF THE REMOTE AND\OR CARD NUMBERS FOR FUTURE REFERENCE.

ALL CHECKS AND MONEY ORDERS MUST BE MADE PAYABLE TO THE ASSOCIATION. NO CASH ACCEPTED