

Fairfield At Boca Homeowners Association, Inc.

ACCESS CONTROL FORM

SUBDIVISION		DATE	
COMMUNITY STREET ADDRESS			
OFF-SITE ADDRESS:			

PLEASE INDICATE ONE OF THE BELOW RESIDENT CATEGORIES:

- | | | | |
|-----------------|-------------------------------|------------------|--------------------------------|
| 1. Owner(s) | 3. Owner Roommate | 5. Renter | 7. Renter Roommate |
| 2. Owner Spouse | 4. Owner Child (Indicate Age) | 6. Renter Spouse | 8. Renter Child (Indicate Age) |

Occupant Name	Category #		For children indicate Age:
Occupant Name	Category #		
Occupant Name	Category #		
Occupant Name	Category #		
Occupant Name	Category #		
Occupant Name	Category #		
Occupant Name	Category #		
Occupant Name	Category #		

For Renters, please indicate Lease Start Date: _____ Lease Expiration: _____

***Copy of lease MUST be attached to this form.**

PHONE NUMBERS WITH AREA CODE (10 DIGITS) Example: 561-555-1212

1. _____ *Primary Phone Number/User ID
2. _____
3. _____
4. _____

Email:			
Select a PIN #: 4 or 5 numerical digits Example: 1234 or 12345	PIN =		

EMERGENCY CONTACT			Ex: Relative, House Sitter, Nurse, Alarm Company & Etc		
Name		Phone#		Relationship:	
Name		Phone#		Relationship:	

Suggestion: It is helpful to list someone with key to home, alarm codes, & etc.

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VEHICLE INFORMATION					
MAKE		MODEL		YEAR	
LICENSE PLATE		STATE		COLOR	
<i>For Office Use: Transponder #:</i>					
MAKE		MODEL		YEAR	
LICENSE PLATE		STATE		COLOR	
<i>For Office Use: Transponder #:</i>					
MAKE		MODEL		YEAR	
LICENSE PLATE		STATE		COLOR	
<i>For Office Use: Transponder #:</i>					
MAKE		MODEL		YEAR	
LICENSE PLATE		STATE		COLOR	
<i>For Office Use: Transponder #:</i>					

Notes: _____

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PERMANENT GUEST LIST

1. All Occupants within a household will share this "Permanent Guest List"
2. Gate Attendant will NOT call the residence when admitting authorized guests on this "Permanent Guest List."

Guest Classes

- P** "Permanent Guest" **Authorized guests such as friends, nurse...**
- S** "Service Person" **Ex. Housekeeper, lawn Service, etc.** *Please note Service guests will be limited to Community Service Hours per your community guidelines/ bylaws.*
- F** "Family Member" **Authorized family member not residing in Residence.** *Ex: Aunt, , Grandmother, Son, & etc.*

PERMANENT GUEST LIST WILL BE SHARED FOR ALL OF THE LISTED OCCUPANTS

Print Name	Guest Class <i>Specify: "P", "S", or "F"</i>	Days of week allowed: <i>Indicate "All" <u>or</u> specify days of the wk</i>
Example: <i>Merry Maids</i>	S - Service	Ex: "All" <u>or</u> "M & W"
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Owner/Renter Signature: _____ Date: _____

Owner/Renter Signature: _____ Date: _____

Owner/Renter Signature: _____ Date: _____