

Electronic Access Device Registration Form

Please type or print clearly.						
Resident / Homeowner Information						
First Name:						
Last Name:						
Street Address :						
Email Address : Phone Number:						
Is this a leased property?	Yes	No	Period of Lease:	to		
If Yes, Property Owner's Name	ə:					
(Please attach a copy of the c *Access device will be issued to			•	ation on file from year to	o year.)	
Permanent Members of Household						
Name						
First	Last		First	Last		
			_			_
						_
						_
For Office Use Only:						
Residency Verified By:		Card Nu	ımbers Issued:			
Date Issued:	_ Received By: _		Amount Pa	id: \$	Check #	

Remember:

- 1. Proof of residency is required, a government-issued photo ID is an example of this requirement.
- 2. If you are leasing the property, you will also need a copy of the 1st page of your current lease showing address, names and lease period.
- 3. The account must be a balance under \$5.00 or be on an approved payment plan with C.I.A. Services.
- 4. Up to 10 guests per home are permitted at the pool.
- 5. The first access cards will be at no charge. 1 additional cards may be purchased for \$25.00 each. Replacements for card's that are lost or damaged will be \$45.00 ONLY CHECKS OR MONEY ORDERS WILL BE ACCEPTED FOR PAYMENT. NO CASH WILL BE ACCEPTED. NO EXCEPTIONS