

## Coral Lakes Community Association, Inc.

The undersigned resident hereby authorizes the entry of the following parties and agrees that these persons will comply with the rules and regulations of the community; it's homeowners association and the Laws of the State of Florida.

Resident Information:     Owner                       Tenant

Address: \_\_\_\_\_

Lease Dates

Begin _____ End _____
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Name	Name
Ph.	Ph.
Cell	Cell
Email	Email
Emergency Contact	Number
Ph. # for directory	

Name of all members residing in the home:

	Age _____
	Age _____
	Age _____
	Age _____
	Age _____

Vehicle Make, Model & Color:

	License Plate _____
	License Plate _____
	License Plate _____

Frequent Visitors:


The information contained in this form is confidential. Each Homeowner/ Association member is responsible for maintaining a current list of authorized visitors. The Association / Management may revoke, cancel or void the authorization form if deemed necessary. I hereby accept full responsibility for the actions of the above referenced individuals.

Residents Signature: \_\_\_\_\_ Date \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date \_\_\_\_\_