

Return completed card to Hammock Dunes Main Gate or mail to Hammock Dunes Owner's Association, P.O. Box 353338, Palm Coast, FL 32135

HAMMOCK DUNES HOMEOWNER'S VEHICULAR ACCESS INFORMATION

Date _____ Hammock Dunes Street Address/Unit # _____

Owner Last Name _____ First Name(s) _____

Owner Last Name _____ First Name(s) _____

Owner Telephone (local) _____ (out of town) _____

Tenant Last Name: _____ First Name(s) _____
Tenant Telephone (local) _____ Cell _____
Term of Lease: FROM: _____ TO: _____

Owner Emergency Contact & Telephone _____

Children in Permanent Residence ___ Yes ___ No Children Names/Ages _____

Other Family/Guests _____

Table with 4 columns: RESIDENT'S VEHICLE(S), Make, Tag# & State, Decal #. Contains 5 rows of blank lines for data entry.

* PRE-APPROVED ACCESS ON REGULAR BASIS

Medical Care Giver(s) _____

Landscape Vendor _____

Pool Service Vendor _____

Janitorial/Domestic _____

Other (Please Specify) _____

* NOTE: These vendors will have routine access until revoked in writing.