

SAMPLE CDD AMENITY DEVICE REGISTRATION FORM

Device (check all that apply): **Pool Fobs** **Gate Transmitters** **PED Fobs**

Replacement? **Yes** **No**

RESIDENT INFORMATION

Community Name (ex: Waterleaf): Union Park

Resident Name: Jane Doe

Street Address: 1234 Street Name, City, State, Zip

Email Address: janedoe@mail.com

Phone Number: 555-555-5555

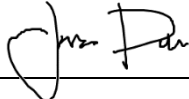
Entrance Gate Display Name* (limited to 15 characters, including spaces):

4 Digit Immediate Access Code* (choose numbers that you will remember):

Please be sure to read and sign the [Consent and Waiver agreement found on the CDD website for your community.](#)

By checking this box I agree that I have read and signed the [Consent and Waiver agreement](#)

Signature:



Date: 10/11/2018

* Applicable to gate transmitter requests only

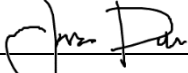
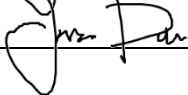
FOR OFFICE USE ONLY	ACTIVATED	MAILED
TR Number(s) Assigned: 12345, 12346		
Pool Fob(s) Assigned: 2033026A 1000, 2033026A 1001		
PED Fob(s) Assigned:		

CONSENT & WAIVER AGREEMENT SIGNATURE PAGE

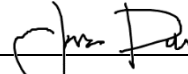
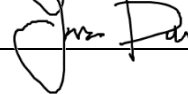
I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND UNDERSTOOD THE TERMS OF THIS AGREEMENT. IF PARTICIPANT IS A MINOR CHILD, I CERTIFY THAT I AM THE PARTICIPANT'S PARENT AND/OR LEGAL GUARDIAN AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS AGREEMENT ON BEHALF OF THE PARTICIPANT.

NOTE: Must be filled out for each member of the household that plans to use the pool facility.

List all participants living in the household that are **18 years of age and older**:

Participant Name	Signature
Jane Doe	
John Doe	

List all participants living in the household that are **17 years of age and younger**:

Participant Name	Parent/Guardian Signature
Jack Doe	
Jill Doe	

Emergency Contact Information

Name

Joe Blow

Telephone

555-555-5555

FEE SCHEDULE (ADDITIONAL AND REPLACEMENT DEVICES)

Homeowners receive two of each applicable device prior to closing free of charge. Renters receive their device(s) from the homeowner. If the homeowner does not provide the renter with a device, the renter will need to fill out a new registration form and submit the request by mail. See *Mailed Requests*. Additional and replacement devices can be purchased per the fee schedule below. Replacement devices are any that are reported lost, stolen, or considered to be damaged..

ITEM	FEE
Amenity Center/Pool Access Key Fob	\$25.00 per fob
Gate Access Transmitters	\$30.00 per transmitter
Visor Clips for Gate Access Transmitters	\$10.00 per clip
Pedestrian (PED) Gate Access Fob	\$30.00 per fob
Shipping and Handling (for mailed requests only)	\$10.00 (flat fee regardless of quantity)
Insufficient Funds Fee (for return checks due to insufficient funds)	\$30.00 per check

ACCESSING THE GATE

To enter the community using the 4-digit immediate gate access code, **press # before entering the code**. When guests call your phone number from the gate, **press the number 9** on your phone's keypad before ending the call.

MAILED REQUESTS

Homeowners and Renters must submit a new amenity device registration form to receive devices by mail. Shipping and handling fees apply to all mailed requests. Mail the items listed below to the district office located at **15310 Amberly Dr. #175 Tampa, FL 33647** to complete the request.

Requirements for mailed requests:

- 1) Completed Amenity Device Registration form
- 2) Signed Consent & Waiver agreement (required for pool fob requests)
- 3) A check or money order made payable to the homeowner's CDD (*example: Waterleaf CDD*) for the total amount for each replacement device being requested (pool fobs: \$25, gate transmitters: \$30, pedestrian gate access fobs: \$30, visor clips: \$10).
- 4) A check made payable to the homeowner's CDD (*example: Waterleaf CDD*) in the amount of \$10 for shipping and handling.

Applications are processed in the order received. Applications are processed and devices are mailed out upon receipt of all requirements. Delivery of the devices can take 7-10 business days. Upon moving out of the community, please discard or return transmitters to the District Office for deactivation.