

# Cocoplum Yacht Club 2020 Slip Owner Security Access List

**Dock/Unit:** \_\_\_\_\_ **Vessel Name:** \_\_\_\_\_  
**Make & Size of Vessel** \_\_\_\_\_  
**PIN# (MUST be provided to guard for authorization of temporary access):**    \_ \_ \_ \_

**Slip Owner(s) Name(s):**

FIRST	LAST
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**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_

<b>Owner E-mail:</b>	
Home (    )	Work (    )
Home Fax (    )	Work Fax (    )
Cellular (    )	Other (    )

<b>Spouse Name:</b>	
E-mail:	
Work (    )	Work Fax (    )
Cellular (    )	Other (    )

<b>Captain Name:</b>	
E-mail:	
Home (    )	Work (    )
Home Fax (    )	Work Fax (    )
Cellular (    )	Cellular (    )

<b>Emergency Contact Name:</b>	
E-mail:	
Home (    )	Work (    )
Home Fax (    )	Work Fax (    )
Cellular (    )	Cellular (    )

I hereby authorize entry to Cocoplum Yacht Club to any of the aforementioned people. I understand and accept full responsibility for this authorization. I further understand it is my responsibility to notify the Property Manager in writing if any authorizations are to be withdrawn.

**Family Members/Relatives/Friends: Authorized Unlimited Access**

1. Last Name:	First Name:
2. Last Name:	First Name:
3. Last Name:	First Name:
4. Last Name:	First Name:
5. Last Name:	First Name:
6. Last Name:	First Name:
7. Last Name:	First Name:
8. Last Name:	First Name:
9. Last Name:	First Name:
10. Last Name:	First Name:

Dock/Unit: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Personal Identification Number (PIN): \_\_\_\_\_  
Letter      Number      Number      Number

**Workers/Maintenance/Service Companies:**

1. Company Name:	Name of Employee:
2. Company Name:	Name of Employee:
3. Company Name:	Name of Employee:
4. Company Name:	Name of Employee:
5. Company Name:	Name of Employee:
6. Company Name:	Name of Employee:
7. Company Name:	Name of Employee:
8. Company Name:	Name of Employee:
9. Company Name:	Name of Employee:
10. Company Name:	Name of Employee:
11. Company Name:	Name of Employee:
12. Company Name:	Name of Employee:
13. Company Name:	Name of Employee:
14. Company Name:	Name of Employee:
15. Company Name:	Name of Employee:
16. Company Name:	Name of Employee:
17. Company Name:	Name of Employee:
18. Company Name:	Name of Employee:
19. Company Name:	Name of Employee:
20. Company Name:	Name of Employee:

**Vehicle Description:**

Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal # (for office use): _____</b>	Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal # (for office use): _____</b>
Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal # (for office use): _____</b>	Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal # (for office use): _____</b>
Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal # (for office use): _____</b>	Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal # (for office use): _____</b>

\_\_\_\_\_  
Slip Owner Signature

\_\_\_\_\_  
Date