

Cocoplum Yacht Club 2020 Slip Renter Security Access Form

Dock/Unit: _____ Vessel Name: _____
 Make/Model/Size of Vessel _____
 Personal Identification Number (PIN): _____

Slip Renter(s) Name(s):

FIRST	LAST
-------	------

Mailing Address: _____

Renter E-mail:	
Home ()	Business ()
Home Fax ()	Business Fax ()
Mobile ()	Other ()

Spouse Name:	
E-mail:	
Business ()	Business Fax ()
Mobile ()	Other ()

Captain Name:	
E-mail:	
Home ()	Business ()
Home Fax ()	Business Fax ()
Mobile ()	Mobile ()

Emergency Contact Name:	
E-mail:	
Home ()	Business ()
Home Fax ()	Business Fax ()
Mobile ()	Mobile ()

I hereby authorize entry to Cocoplum Yacht Club to any of the aforementioned people. I understand that I take 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I further understand it is my responsibility to notify the Property Manager in writing if any authorizations are to be withdrawn.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. First Name:	Last Name:
2. First Name:	Last Name:
3. First Name:	Last Name:
4. First Name:	Last Name:
5. First Name:	Last Name:
6. First Name:	Last Name:
7. First Name:	Last Name:
8. First Name:	Last Name:
9. First Name:	Last Name:
10. First Name:	Last 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: _____ CYC Auto Decal # (for office use): _____	Model: _____ Year: _____ Color: _____ License Tag: _____ CYC Auto Decal # (for office use): _____
Model: _____ Year: _____ Color: _____ License Tag: _____ CYC Auto Decal # (for office use): _____	Model: _____ Year: _____ Color: _____ License Tag: _____ CYC Auto Decal # (for office use): _____
Model: _____ Year: _____ Color: _____ License Tag: _____ CYC Auto Decal # (for office use): _____	Model: _____ Year: _____ Color: _____ License Tag: _____ CYC Auto Decal # (for office use): _____

Slip Renter Signature

Date