

Cocoplum Yacht Club

2021 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: _____

Owner E-mail:	
Home ()	Work ()
Home Fax ()	Work Fax ()
Cellular ()	Other ()

Spouse Name:	
E-mail:	
Work ()	Work Fax ()
Cellular ()	Other ()

Captain Name:	
E-mail:	
Home ()	Work ()
Home Fax ()	Work Fax ()
Cellular ()	Cellular ()

Emergency Contact Name:	
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I further understand it is my responsibility to notify the Property Manager in writing if any authorizations are to be withdrawn.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: _____ 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 Owner Signature

Date