Cocoplum Yacht Club 2024 Slip Renter Security Access Form

Dock/Unit:	Vessel Name:	
Make/Model/Size of Vessel		
Personal Identification Number (PIN):		
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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:	
Contain Name:		
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I further understand it is my responsibility to notify the Property Manager in writing if any authorizations are to be withdrawn.		
the Property Manager in writing if any authorizations are to be withdrawn.		
Family Members/Relatives/Friends: Authorized Unlimited Access		
1. First Name:	Last Name:	
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2. First Name:	Last Name:	
3. First Name:	Last Name:	
4. First Name:	Last Name:	
5. First Name:	Last Name:	
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6. First Name:	Last Name:	
7. First Name:	Last Name:	
1. I IISUNAINE.	Last Name.	
8. First Name:	Last Name:	
0 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 Number	
Workers/Maintenance/Service	
1. Company Name:	Name of Employee:
2. Company Name:	Name of Employee:
3. 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:
o. Company Name.	rtaine of Employee.
7 Company Name:	Name of Employee:
O. Oamanan Naman	Name of Francisco
8. Company Name:	Name of Employee:
9. Company Name:	Name of Employee:
	. ,
10.Company Name:	Name of Employee:
11.Company Name:	Name of Employee:
11.00mpany Name.	realite of Employee.
12.Company Name:	Name of Employee:
10.0	N 65 1
13.Company Name:	Name of Employee:
14.Company Name:	Name of Employee:
15.Company Name:	Name of Employee:
16.Company Name:	Name of Employee:
10.00mpany Name.	radine of Employee.
17.Company Name:	Name of Employee:
40 Camara and Nama	Name of Employees
18.Company Name:	Name of Employee:
19.Company Name:	Name of Employee:
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20.Company Name:	Name of Employee:
Vehicle Description:	
Model: Color:	Model: Color:
Year: Color:	Year: Color:
License Tag:	License Tag:
License Tag:	License Tag: CYC Auto Decal #(for office use):
Model:	Model:
Model: Year: Color:	Model: Color:
License rag.	_ License rag
CYC Auto Decal #(for office use):	CYC Auto Decal #(for office use):
Model: Year: Color:	Model:
Year: Color:	Year: Color:
License Tag:	License Tag:
CYC Auto Decal #(for office use):	CYC Auto Decal #(for office use):
Slip Renter Signature	Date