

Cocoplum Yacht Club
2026 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

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I further understand it is my responsibility to notify the Property Manager in writing if any authorizations are to be withdrawn.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: _____ <b>CYC Auto Decal #</b> (for office use): _____	Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal #</b> (for office use): _____
Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal #</b> (for office use): _____	Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal #</b> (for office use): _____
Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal #</b> (for office use): _____	Model: _____ Year: _____ Color: _____ License Tag: _____ <b>CYC Auto Decal #</b> (for office use): _____

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

\_\_\_\_\_  
Date