



SECURITY ACCESS REGISTRATION

NAME: _____

WESTBURY PARK ADDRESS: _____

OWN/RENT: _____ IF RENTING – LEASE EXPIRATION DATE: _____

OWNER/RENTAL MANAGER: _____

PHONE NUMBER: _____ EMAIL: _____

ACCESS DEVICE ISSUED (FILL IN DEVICE CODE BELOW)

\$25 AMENITY/GATE CARD ACCESS: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

\$35 GATE CLICKER/FOB: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

\$10 GATE CARD ACCESS ONLY 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

DIRECTORY BOX PHONE NUMBER: _____ DIRECTORY CODE: _____

DIRECTORY BOX PHONE NUMBER: _____ DIRECTORY CODE: _____

PLEASE NOTIFY IMC RESORT SERVICES, INC. IF YOU MISPLACE YOUR CARD SO IT CAN BE DEACTIVATED.

*UNAUTHORIZED USE OF CARDS MAY RESULT IN A FINE AND SUSPENSION OF USE FROM THE POOL AND FITNESS CENTER. RESIDENTS ARE REQUIRED TO KEEP THEIR SECURITY CARDS ON PERSON WHILE USING THE AMENITIES. OWNERS ARE RESPONSIBLE FOR THEIR TENANTS AS STATED IN THE WESTBURY PARK, ROA COVENANTS.

PLEASE LIST THE NAMES OF THE PERSONS AUTHORIZED TO USE YOUR CARD(S) AS A MEANS OF ACCESS AND USE OF WESTBURY PARK AMENITIES. ALL AUTHORIZED USERS MUST BE SIXTEEN (16) OR OLDER.

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

NAME: _____ RELATIONSHIP: _____ AGE: _____

PLEASE LIST YOUR VEHICLE INFORMATION BELOW.

YEAR: _____	MAKE: _____	MODEL: _____	COLOR: _____	PLATE # & STATE: _____
OWNER: _____	ADDRESS: _____	PHONE NUMBER: _____	EMAIL: _____	
YEAR: _____	MAKE: _____	MODEL: _____	COLOR: _____	PLATE # & STATE: _____
OWNER: _____	ADDRESS: _____	PHONE NUMBER: _____	EMAIL: _____	
YEAR: _____	MAKE: _____	MODEL: _____	COLOR: _____	PLATE # & STATE: _____
OWNER: _____	ADDRESS: _____	PHONE NUMBER: _____	EMAIL: _____	
YEAR: _____	MAKE: _____	MODEL: _____	COLOR: _____	PLATE # & STATE: _____
OWNER: _____	ADDRESS: _____	PHONE NUMBER: _____	EMAIL: _____	

BY SIGNING THIS DOCUMENT, THIS CONFIRMS THAT I UNDERSTAND THE RULES OF USE AS SET FORTH BY THE WESTBURY PARK ROA. MY SIGNATURE BELOW VERIFIES THAT I HAVE RECEIVED THE ABOVE LISTED SECURITY CARDS, REMOTES AND/OR CODES AND I AM RESPONSIBLE FOR THEIR USE BY MYSELF AND THE PERSON(S) LISTED ABOVE.

SIGNATURE: _____ DATE: _____