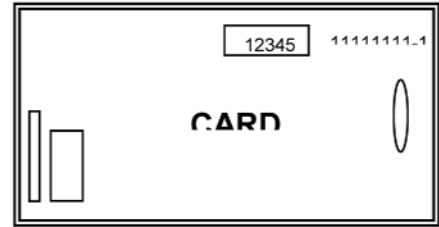


River Forest Security

Clubhouse Device Activation Form

Mail to:
 River Forest Property Owners Association, Inc.
 9050 SW Pennsylvania Ave.
 Stuart, FL 34997



OWNER INFORMATION (All fields identified by an asterisk (*) are required.)

NOTICE: Requests from renters or other non-Members may be rejected.

Please print.

*Community:		Lot Number:	
*Last Name:		*First Name:	
*Address:		*City:	*Zip:
*Phone:	Fax:	E-mail:	

Check One: Mail to Owner: Mail to Tenant:

Lot Owners who rent or lease their property and wish to give permission for a tenant to receive their cards must complete the Owner Information and the Tenant Information.

TENANT INFORMATION (All fields identified by an asterisk (*) are required to be filled in.)

Please print.

*Community:		Lot Number:	
*Last Name:		*First Name:	
*Address:		*City: Stuart	*Zip: 34997
*Phone (AC):	Fax (AC):	E-mail:	

SIGNATURE OF AGREEMENT

I understand that by signing below I accept two security cards to access the River Forest clubhouse and pool. I accept full responsibility for these cards and agree that all parties for whom I am responsible for using these cards will follow the rules established for the River Forest clubhouse and pool. I also understand that there is a \$25 fee to replace each lost card.

*Signature (Lot Owner):	Date:
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ADMINISTRATIVE USE ONLY

Card #1 ID:	Card #1 ID:	Issuer:	Date Issued:
Date Uploaded:	Comments:		

Replaced Cards

Lost Card ID:	New Card ID:	Issuer:	Date Issued:
Date Uploaded:	Cost Paid:	Comments:	

Lost Card ID:	New Card ID:	Issuer:	Date Issued:
Date Uploaded:	Cost Paid:	Comments:	

NOTICE: Document additional lost card information on the back.