

BALLANTRAE COMMUNITY DEVELOPMENT DISTRICT

Authorization Form for Visitor’s Use of Photo ID Swipe Card

This Ballantrae Community Development District (“**District**”) form authorizes adult resident households who already have a photo ID swipe card for access to the District’s amenities to register any guest who is temporarily visiting and residing with them (the “**Visitor**”) and enable the Visitor to use the resident’s photo ID swipe card to access all District amenities, independently of the resident, for a period no longer than 14 consecutive days pursuant to the District’s established rules and policies. A resident household may use this form twice in any calendar year. If a resident household desires to authorize any Visitor more than twice in any calendar year, they may make a request to the District’s Board of Supervisors and the Board of Supervisors, in their discretion, may consider and permit additional periods of Visitor authorization. The resident and Visitor must be present together at the clubhouse before the District’s staff reviews and signs this form. The resident and Visitor must have in hand the resident’s own photo ID swipe card and a valid photo ID of the Visitor. The original of this form will be kept on file with the District and a copy of this form will be provided to the Visitor. The Visitor will need to bring the photo ID swipe card of the resident named in this letter, a copy of this letter, and a valid photo ID anytime they use the District’s amenities pursuant to this form.

Print Name of Resident

Resident Address

Print Name of Visitor

I hereby certify that I am a resident of the District and possess my own adult photo ID swipe card issued by the District. Identified above is name of my guest who is visiting my household. We are hereby requesting that the Visitor be authorized to use my photo ID swipe card to access all District amenities pursuant to all the rules or policies of the District. After the 14 days have expired, we understand we will need to submit a new form to the District for up to another 14 consecutive days. If our household has already used this form twice in any calendar year, then we understand that that we will need to make a request to the District’s Board of Supervisors for any additional periods of Visitor authorization.

Our signatures below warrant that we understand and acknowledge that we will be responsible for any actions or damages resulting from this authorization, that we have read and will comply with the all rules and policies of the District, and agree this authorization and the resident’s or their household’s photo ID swipe card can be revoked or suspended at the District’s discretion.

_____ (Signature of Resident)

_____ (Signature of Visitor)

This section reserved for District staff:

Date Issued: _____

Expiration Date: _____

Staff Signature: _____