



**RESIDENT/GUEST AUTHORIZATION FORM**

I, (Resident) \_\_\_\_\_ and  
(Print Name Clearly)

(Guest) \_\_\_\_\_ understand that:  
(Print Name Clearly)

The Lexington Oaks CDD pool, playground, and fitness center are only available for use by the residents of Lexington Oaks, and approved members or guests. Residents and guests will be provided with an access card for entry into the facility. Guests will be issued temporary VISITOR passes. Lexington Oaks staff may contact resident while checking cards during the day to confirm consent. If guests lose their VISITOR pass, Lexington Oaks CDD will not be held responsible and the resident will have to pay \$10.00 for a replacement card.

**Guests are required to follow all rules for the Lexington Oaks CDD facilities. Violation of these rules may result in suspension of rights of enjoyment of the facilities.**

All guests must have passes on them at all times. If guest does not have a pass, Lexington Oaks CDD staff has the right to ask guest/guests to leave the premises. If guest refuses to leave, Lexington Oaks CDD staff has the right to call the authorities to have guest removed from premises.

Whenever available, Staff will be at the facilities to ensure policies and procedures are enforced and have the AUTHORITY to ask persons to leave the facilities if found non-compliant with these policies and procedures.

ANY PERSON ASKED TO LEAVE THE AREA FOR ANY REASON SHALL DO SO IMMEDIATELY. STAFF CAN AND WILL CALL THE PASCO COUNTY SHERIFF'S DEPARTMENT IF THEY FEEL THREATENED. STAFF WILL ONLY ASK PERSON/PERSONS TO LEAVE ONCE AND IF PERSON/PERSONS HAVE NOT LEFT THE PREMISES, STAFF WILL CALL PASCO COUNTY SHERIFF'S DEPARTMENT.

Resident Signature: \_\_\_\_\_

Guest Signature: \_\_\_\_\_

Resident's Address: \_\_\_\_\_

\_\_\_\_\_

Resident's Phone # : \_\_\_\_\_