

SUMMER WOODS COMMUNITY DEVELOPMENT DISTRICT

DISTRICT OFFICE · 2700 S. FALKENBURG RD. STE 2745 · RIVERVIEW, FLORIDA 33578

Fob Registration Form

Name: _____

Address: _____

Builder: _____

Phone Number: _____

Email: _____

Owner or Tenant: _____

Only two fobs will be issued per residence. If the fobs are lost please contact the District. Replacements can be issued at \$50/each. Fobs are not to be provided to minors for unsupervised pool access. Please send completed and signed form to Abbey Jones at AJones@rizzetta.com, and Matt O'Nolan at MONolan@rizzetta.com to have fobs mailed to you, or you can schedule to pick them up from our office.

Signature

Date

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FOR MANAGEMENT USE ONLY

Fob # 1 Number: _____

Fob # 2 Number: _____

Date issued: _____

Issued by: _____