

Winston Trails Foundation
Resident Information Form
(Please print or type)
PROPERTY OWNER INFORMATION
(Required)

PLEASE PRINT CLEARLY

Property Owner Name(s): _____
Winston Trails Property Address: _____
Mailing Address if different from the Property Address: _____
City: _____ State: _____ Zip: _____ Telephone Number: _____
E-Mail Address: _____

Current Security (PIN) Code _____ **This form will not be processed without your current PIN code.**

TENANT INFORMATION
(If Applicable)

Tenant Name(s): _____
E-Mail Address: _____
Tenant Security (PIN) Code _____

Lease Expiration Date _____

THE FOLLOWING INFORMATION MUST BE COMPLETED FOR THE ACTUAL OCCUPANTS (OWNER OR TENANT) OF THE PROPERTY

OCCUPANTS (OWNER OR TENANT) LIVING AT THIS ADDRESS
(Include EVERY person residing at this address)

Last Name	First Name	Status (owner, child, tenant, etc.)

TELEPHONE NUMBERS

PHONE NUMBER _____ **(THIS IS THE NUMBER THE GATE WILL USE TO CONTACT YOU)**

DO YOU WANT THE ABOVE PHONE NUMBER LISTED IN NEXT YEARS' TELEPHONE DIRECTORY?
YES _____ NO _____

PLEASE LIST ANY OTHER CONTACT NUMBERS SUCH AS CELL, WORK, ETC.

ALTERNATE PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

NAME _____ ADDRESS _____

VEHICLE INFORMATION

(ALL INFORMATION MUST BE COMPLETED FOR EACH VEHICLE RESIDING AT THIS PROPERTY)

Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____
Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____
Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____
Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____
Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

GATE ACCESS CONTROL DEVICES

(IF NUMBERS MISSING OR ILLEGIBLE, PLEASE INDICATE HOW MANY CARDS AND CLICKERS BELONG TO YOUR HOUSEHOLD)

Access Card # _____ Remote # _____
Access Card # _____ Remote # _____
Access Card # _____ Remote # _____
Access Card # _____ Remote # _____
Access Card # _____ Remote # _____

PERMANENTLY AUTHORIZED PERSONS

This section refers to people you authorize to visit you at any time WITHOUT A CALL FOR APPROVAL FROM THE ACCESS CONTROL GUARDS (relatives, close friends, maid, pool service, landscape contractor, pest control, etc.)

- 1. _____ 7. _____
- 2. _____ 8. _____
- 3. _____ 9. _____
- 4. _____ 10. _____

The entrance gate at Winston Trails is extremely busy. It is very important that you list all vendors and regular guests on this form. All other vendors and/or guests MUST be preauthorized by using the AUTOMATED authorization system by calling (561)968-0140.

I understand I must use my PIN# as provided by Winston Trails Foundation, Inc. for identification when authorizing access to the property for any guest or visitor to my home. Further, I understand all guests will be required to show Photo ID even if listed on this form. I understand it is my responsibility to update this form with any changes.

TELEPHONE DIRECTORY: Winston Trails Foundation may allow a telephone directory to be published and distributed to Winston Trails residents. Please indicate below if you wish to have your name, address and any telephone number published. If you provide no indication of your preference below, your information MAY be published in a telephone directory.

Yes, please publish my information: _____ No, I do not want my information published: _____

Occupant's Signature: _____ Date: _____

YOU MAY RETURN THIS FORM TO CAMPBELL PROPERTY MANAGEMENT BY FAX AT 561-433-1011, OR YOU MAY LEAVE THE FORM IN THE MAILBOX LOCATED TO THE LEFT OF THE ENTRY DOOR AT THE SWIM & RACQUET CENTER, OR YOU MAY MAIL THE FORM TO 5980 WINSTON TRAILS BLVD. LAKE WORTH, FL 33463