

SADDLE CREEK COMMUNITY SERVICES DISTRICT
RESIDENT INFORMATION & PERMANENT GUEST LIST AUTHORIZATION

RESIDENT'S NAME(S): *(please print)*

(Last Name)

(First Name)

(Last Name)

(First Name)

SADDLE CREEK ADDRESS: _____
(Street Address)

SADDLE CREEK LOT #: _____

SADDLE CREEK PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL/OTHER PHONE NUMBER: _____

PROPERTY OWNER'S NAME: *(if different from resident's name shown above – please print)*

MAILING ADDRESS: *(if different from above – please print)*

(Street Address)

(City, State, Zip)

EMAIL ADDRESS: *(please print)* _____

PERMANENT AUTHORIZED FAMILY or GUESTS: *(please print)*

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

ADVISORY: The persons you identify on this Permanent Guest List will be permitted access into Saddle Creek Community Services District as your authorized guest at any time day or night. YOU WILL NOT BE NOTIFIED THAT AN AUTHORIZED GUEST HAS ENTERED THE DISTRICT. This Permanent Guest List will remain in effect until you act to remove a persons name from the list. IN ORDER TO AVOID THE POSSIBILITY THAT A PERSON YOU NO LONGER WANT TO HAVE ACCESS IS ADMITTED IT IS IMPARATIVE THAT YOU INSURE THAT THE PERMANENT GUEST LIST IS CURRENT. I also understand that it is my sole responsibility to insure this Permanent Guest List is updated.

(Resident's Signature)

(Date)

**Please complete this form and return it to either Gate House personnel or
Greg Hebard (Monday-Friday 6:30am to 3:00pm at (209) 768-5678)**