

Request for Temporary Guest Fob

Visitor

Fob#

Assigned

Tri-Par Resident:	Phone:
Resident Address:	
Names of Guests:	Dates (From-To)
1	
2	
3	
4	

Signature below by Resident acknowledges responsibility for proper use of guest fob, compliance by guests **with all rules and regulations governing use of Tri-Par facilities (including Pool Rules)**, and fiscal responsibility for any damage caused by the above named guests. Violations may result in deactivation of Resident's own fob, and other penalties as determined by the Trustees.

Signature: _____

Date: _____

Deposit Received (by): _____

Paid by Check # _____ Cash

FOB RETURN: (Date) _____

Deposit returned to: _____

Check held for future

Applied to FOB Purchase

Return processed by: _____

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