

Return completed card to Hammock Dunes Main Gate or mail to  
Hammock Dunes Owner's Association, P.O. Box 353338, Palm Coast, FL 32135

**HAMMOCK DUNES HOMEOWNER'S VEHICULAR ACCESS INFORMATION**

Date \_\_\_\_\_  
Hammock Dunes Street Address/Unit # \_\_\_\_\_

Owner Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Owner Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Owner Telephone (local) \_\_\_\_\_ (out of town) \_\_\_\_\_

Tenant Last Name: _____	First Name(s) _____
Tenant Telephone (local) _____	Cell _____
Term of Lease: FROM: _____	TO: _____

Owner Emergency Contact & Telephone \_\_\_\_\_

Children in Permanent Residence \_\_\_ Yes \_\_\_ No Children Names/Ages \_\_\_\_\_

Other Family/Guests \_\_\_\_\_

RESIDENT'S VEHICLE(S)	Make	Tag# & State	Decal #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\* PRE-APPROVED ACCESS ON REGULAR BASIS**

Medical Care Giver(s) \_\_\_\_\_

Landscape Vendor \_\_\_\_\_

Pool Service Vendor \_\_\_\_\_

Janitorial/Domestic \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

**\* NOTE: These vendors will have routine access until revoked in writing.**