

FAIRFIELD PONTE VEDRA ASSOCIATION, INC
AUTHORIZED GUEST/VENDOR LIST FOR VEHICLE ACCESS

Date of Application: _____

Name of Owner/Resident: _____
Last Name First Name

Address in Fairfield: _____

Telephone: Home: _____ Work: _____ Cell: _____

Emergency Contact (Optional): Name: _____
Telephone(s): _____

It is requested the following individuals or firms or the emergency contact shown above be permitted vehicle access to Fairfield Ponte Vedra without telephone verification by the undersigned:

NAME	Indicate Appropriate Box		
	Guest	Family Member	Vendor
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

I understand that the guest/family member/vendor/emergency contact named above is to proceed directly to my residence and that is the only purpose for their entry. I further understand that those persons named above are subject to the Covenants and Use Restrictions and Operating Rules of Fairfield Ponte Vedra Association, Inc. I also understand that in accordance with the Covenants, Section 3.10 I shall be liable for any damage to Association property by any guest, family member or emergency contact listed above.

 Signature of Resident

Security Use Only: _____
Date Received Date of Entry