

VIZCAYA AT LAKE CORAL SPRINGS RESIDENT ACCESS REGISTRATION FORM

Complete and return via email to VIZLAKEC@ciramail.com, instructions for scheduling an appointment to follow via email reply. Form to be verified in person at the property management office with valid photo identification and documentation.

RESIDENT STATUS

- Homeowner (Attach Copy of Warranty Deed)
- Tenant (Attach Copy of Current Lease) | Lease Expiration: _____

PRIMARY RESIDENT INFORMATION (SmartPlus Master Account Holder)

1. First Name: _____
Last Name: _____
Email Address: _____
Mobile Number: _____
Property Address: _____

ADDITIONAL RESIDENTS (SmartPlus Sub-Accounts)

2. First Name: _____
Last Name: _____
Email Address: _____
Mobile Number: _____
3. First Name: _____
Last Name: _____
Email Address: _____
Mobile Number: _____
4. First Name: _____
Last Name: _____
Email Address: _____
Mobile Number: _____

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VEHICLE INFORMATION

(Attach a copy of the vehicle registration for each tag requested)

Transponders are \$25.00 each. (Payable to Vizcaya at Lake Coral Springs, Check or Money Order)

Name: _____ Make/Model: _____

Office Use: FC # _____ Tag ID _____ Decimal _____

Name: _____ Make/Model: _____

Office Use: FC # _____ Tag ID _____ Decimal _____

Name: _____ Make/Model: _____

Office Use: FC # _____ Tag ID _____ Decimal _____

Name: _____ Make/Model: _____

Office Use: FC # _____ Tag ID _____ Decimal _____

TERMS AND CONDITIONS

- **Residency Requirement:** All sub-accounts must belong to individuals who permanently reside at the residence. Use for non-residents is prohibited. Subject to Deactivation.
- **Lease Expiration:** Tenant access is contingent upon an active lease on file. It is the resident's responsibility to provide an updated lease prior to expiration. Failure to do so may result in automatic deactivation of property access.
- **Transponders:** Tags are non-transferable and must remain affixed to the registered vehicle.
- **Each vehicle must be present** in order for the transponder to be installed. Registration must reflect property address.
- **Amenity Compliance:** I agree to comply with all age and supervision requirements for community amenities and accept full responsibility for the conduct of all household residents and guests. I understand that any violation, including unauthorized access or misuse of credentials, may result in immediate deactivation of amenity access.

Primary Signature: _____ Date: _____

[] Check # _____ [] Money Order _____ Total Due: _____

RealManage
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