

SAWGRASS LAKES MASTER ASSOCIATION
RV BOAT STORAGE REGISTRATION FORM
RV LOT MAINTENANCE FEE: \$175.00 BILLED ANNUALLY FROM
JANUARY 1 TO DECEMBER 31
Make checks payable to: Sawgrass Lakes Master Association

HOMEOWNER NAME: _____

TENANT NAME: _____

List tenant name if the tenant is leasing the RV Lot spot

ADDRESS: _____

HOMEOWNER PHONE: _____ EMAIL: _____

TENANT PHONE: _____ EMAIL: _____

PLEASE CIRCLE ONE: NORTH PANTHER TRACE SOUTH PANTHER TRACE HAMMOCK COVE
 CRANE POINT PAAR ESTATES

VEHICLE INFORMATION

Boat Trailer RV OTHER Length _____

Year: _____ Make: _____ Model: _____

Color: _____ State: _____ Tag#: _____

VIN: _____ Other: _____

Boat Trailer RV OTHER Length _____

Year: _____ Make: _____ Model: _____

Color: _____ State: _____ Tag#: _____

VIN: _____ Other: _____

Disclaimer (Please initial next to each one)

- The resident listed above acknowledges that they are the current resident of either North Panther Trace, South Panther Trace, Hammock Cove, Crane Point or Paar Estates, all of which are sub-associations of the Sawgrass Lakes Master Association.
- The resident agrees to notify the Master Association if there is a change of residency and return all property belonging to the Sawgrass Lakes Master Association.
- The resident or vehicle owner acknowledges that they are storing their vehicle at their own risk and that Sawgrass Lakes Master Association as well as any of their sub-associations bears no responsibility and all risks whether liability, theft or otherwise are at the owners risk and expense.
- The resident acknowledges that the vehicle(s) stored are registered and insured per Florida Law.

Resident Signature: _____ Date: _____

RV LOT SPOTS ARE SUBJECT TO CHANGE DEPENDING ON SECURITY NEEDS

SAWGRASS LAKES MASTER ASSOCIATION
RV BOAT STORAGE CHECKLIST

- Completed Registration Form
- Copy of Insurance
- Copy of Vehicle Registration
- Picture of Vehicle
- Check or Money Order for **\$175.00** Payable to: Sawgrass Lakes Master Association

RV LOT CLICKER \$50.00 REFUNDABLE DEPOSIT

For Office Use Only:	
SPOT #: _____	AMOUNT PAID: _____
DATE PAID: _____	CHECK #: _____
DATE CLICKER ISSUED: _____	DATE CLICKER RETURNED: _____
DUES CURRENT? : YES NO VERIFIED BY: _____	
Name of sub-association officer who verified	