

BAY MANAGEMENT CORP.  
CVRF DEERFIELD, LTD.

# GATE PASS REQUEST FORM

*FOR RELATIVES WITHIN A 50-MILE RADIUS  
MUST SHOW A VALID FLORIDA DRIVERS LICENSE*

**GATE PASS FEE IS \$25.00**

I, \_\_\_\_\_ request that you issue a Gate Pass  
*Resident's Name*

to my \_\_\_\_\_  
*Relationship* *Relation's Name*

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF I FALSIFY ANY INFORMATION, THIS GATE PASS WILL BE REVOKED AND I WILL BE SUBJECT TO LEGAL ACTION IF DEEMED NECESSARY.

\_\_\_\_\_  
*Resident's Signature* *Resident's Address*

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I, THE UNDERSIGNED, UNDERSTAND THAT THIS GATE PASS IS ONLY VALID FOR ENTRY AT THE MILITARY TRAIL GATE (EAST) AND THE POWERLINE GATE (WEST). I WILL AT NO TIME ATTEMPT TO USE THE MAIN GATE ON HILLSBORO BOULEVARD.

I FURTHER UNDERSTAND THAT IF I VIOLATE THIS RULE, SECURITY HAS THE RIGHT TO DENY ME ENTRY AND CONFISCATE THE PASS.

\_\_\_\_\_  
*Relation's Signature*

Date \_\_\_\_\_

I, \_\_\_\_\_  
*President's Signature*

BUILDING  
SEAL

approve \_\_\_\_\_ for a Gate Pass.  
*Relation's Name*