

Grand Haven Property Information Form

Date:

Property Information

Street Address:

Village:

Parcel Number **(To be filled out by CDD Office Staff):**

Property Status: **Occupied** **Vacant** **Rental**

Property Type: **Land** **House**

Number of Bedrooms (To include bonus rooms,dens,offices etc):

Number of Garage bays:

Property Contact (Primary)

Title: **Mr.** **Mrs.** **Miss** **Ms.** **Dr.** **Prof**
 Other:

First Name:

Last Name:

Suffix: **I** **II** **III** **Jr.** **Sr.**

Nick Name:

Alt. Address/City/St./Zip:

Phone Type	Phone number	Select Primary Phone (Choose One)	List in Call Box (386 area code, land-line only)	List in Directory (Please select one)
<input type="checkbox"/> Land Line <input type="checkbox"/> Cell	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Land Line <input type="checkbox"/> Cell	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Land Line <input type="checkbox"/> Cell	()	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Allow CDD/AMG contact by email via E-Blasts	Use in Directory (Please select one)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to be listed in our Community Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you wish access to amenities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

False statements/information presented on these forms or the allowance of unauthorized use of gate access devices and/or the Amenities constitute grounds for suspension of use rights for the Amenities and deactivation of gate access devices and Amenity Cards.

ACKNOWLEDGEMENT

By executing this document, the undersigned acknowledges, on behalf of him/herself and on behalf of their minor children, family members, house guests, invitees, licensees, lessees and tenants, that **the undersigned has received a copy of the Grand Haven Amenity Facilities Policies (the "Policies") and has read and understands the same.** The undersigned, together with their minor children, family members, house guests, invitees, licensees, lessees and tenants, agrees to abide by and follow any and all policies, rules and regulations set forth in the Policies, as amended from time to time, and acknowledges that failure to comply with any of the same may result in expulsion from District facilities and/or a suspension of privileges relating to District facilities.

INITIAL PHOTO ID AMENITY CARDS ARE FREE OF CHARGE. ALL REPLACEMENT CARDS WILL BE \$5.00 (NOTE: ALL ARE PAYABLE BY CHECK ONLY TO GRAND HAVEN CDD)
I / WE AGREE TO PROMPTLY REPORT LOST/STOLEN PHOTO ID AMENITY CARDS TO THE CDD OFFICE @ 2 NORTH VILLAGE PKWY – CREEKSIDE OFFICE

The undersigned Grand Haven Resident(s) has executed this Acknowledgement this _____ day of _____, 20 _____.

Grand Haven Resident (SIGN)
Print: _____

Grand Haven Resident (SIGN)
Print: _____

OWNER: GHCCDD - Beneficial User Rights Clause - Owner (Lessor) who is renting their home in Grand Haven to others (the Lessee(s)):

In the event that I, (print your name) _____ lease/rent the above property, I designate the Lessee(s) as the beneficial user of the Membership privileges (i.e., the "Registered Renter") for the purpose of Amenity Facilities use. I understand and agree: that during the period when a Lessee(s) is designated as the beneficial user of the membership, I shall not be entitled to use the Amenities Facilities and relinquish all gate access devices and Amenity Cards previously assigned. Gate access devices and Amenity Cards not returned to the GHCCDD office will be deactivated. I shall be responsible for all charges incurred by the Lessee(s) which remain unpaid after customary billing and collection procedure established by the District. I understand Property owners are responsible for the department of their respective Lessee(s).

Owner Signature(s): _____ Date: _____

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OWNER FORM

Additional Property Occupant(s) Contact Information

1	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/> Other:		First Name:		Middle Name/Initial:	
	Suffix: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		Last Name:		Nick Name:	
	Relationship to Primary contact: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Other			Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Phone Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Cell		Phone: ()		List in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address 1:			Allow contact by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Use in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/> Other:		First Name:		Middle Name/Initial:	
	Suffix: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		Last Name:		Nick Name:	
	Relationship to Primary contact: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Other			Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Phone Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Cell		Phone: ()		List in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address 1:			Allow contact by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Use in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/> Other:		First Name:		Middle Name/Initial:	
	Suffix: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		Last Name:		Nick Name:	
	Relationship to Primary contact: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Other			Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Phone Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Cell		Phone: ()		List in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address 1:			Allow contact by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Use in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/> Other:		First Name:		Middle Name/Initial:	
	Suffix: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		Last Name:		Nick Name:	
	Relationship to Primary contact: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Child <input type="checkbox"/> Other			Under 18 <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> M <input type="checkbox"/> F
	Phone Type: <input type="checkbox"/> Land Line <input type="checkbox"/> Cell		Phone: ()		List in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address 1:			Allow contact by email <input type="checkbox"/> Yes <input type="checkbox"/> No		Use in Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	

*** All occupants of household MUST be listed. If needed, additional forms are available at the CDD office.

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OWNER FORM

Vehicles					
1	Vehicle Owners Name:			Active <input type="checkbox"/> Yes <input type="checkbox"/> No (CDD Use)	Date De-Activated: (CDD Use)
	Make/Model:	Year:	Color:	Tag# / State / Exp. Date:	
2	Vehicle Owners Name:			Active <input type="checkbox"/> Yes <input type="checkbox"/> No (CDD Use)	Date De-Activated: (CDD Use)
	Make/Model:	Year:	Color:	Tag# / State / Exp. Date:	
3	Vehicle Owners Name:			Active <input type="checkbox"/> Yes <input type="checkbox"/> No (CDD Use)	Date De-Activated: (CDD Use)
	Make/Model:	Year:	Color:	Tag# / State / Exp. Date:	
4	Vehicle Owners Name:			Active <input type="checkbox"/> Yes <input type="checkbox"/> No (CDD Use)	Date De-Activated: (CDD Use)
	Make/Model:	Year:	Color:	Tag# / State / Exp. Date:	

CDD Office Staff Use Only

1	Type: <input type="checkbox"/> Card <input type="checkbox"/> Fob	Device #:	Date Assigned:	Payment Info:	Date Deactivated:
2	Type: <input type="checkbox"/> Card <input type="checkbox"/> Fob	Device #:	Date Assigned:	Payment Info:	Date Deactivated:
3	Type: <input type="checkbox"/> Card <input type="checkbox"/> Fob	Device #:	Date Assigned:	Payment Info:	Date Deactivated:
4	Type: <input type="checkbox"/> Card <input type="checkbox"/> Fob	Device #:	Date Assigned:	Payment Info:	Date Deactivated:

AGREEMENT:

GATE ACCESS DEVICES ARE ISSUED TO EITHER GRAND HAVEN PROPERTY OWNERS OR REGISTERED LESSEES (RENTERS), ONLY 1 GAD PER REGISTERED VEHICLE

GATE ACCESS CARDS ARE \$5.00 EA. GATE ACCESS REMOTES ARE \$32.00 EA. (NOTE: ALL ARE PAYABLE BY CHECK ONLY TO GRAND HAVEN CDD)

I / WE AGREE TO PROMPTLY REPORT LOST/STOLEN GATE ACCESS CARDS/REMOTES TO THE CDD OFFICE @ 2 NORTH VILLAGE PKWY – CREEKSIDE OFFICE

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

**** All vehicles must be listed. If needed, additional pages are available at the CDD office.****

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Pre-Approved Visitors Gate Access List					
Vendor	Relationship	Title	First name or Vendor Name	Last Name	Suffix
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

AGREEMENT:

- I / WE ACKNOWLEDGE THAT THE LISTED PERSONS/COMPANIES HAVE ACCESS TO MY HOME AND / OR PROPERTY ONLY.
- THEY AGREE TO PRESENT IDENTIFICATION IF REQUESTED.
- I / WE AGREE THAT THIS RELEASE DOES NOT AUTHORIZE ACCESS TO, OR USE OF, ANY GRAND HAVEN FACILITIES OR AMENITIES BY ANY PERSONS OTHER THAN THOSE RESIDING AT THIS RESIDENCE.

DATE: _____ SIGNATURE(S): _____

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