



**IMMEDIATE FAMILY/GUEST REGISTRATION FORM
(IN ABSENCE OF AN OWNER/LESSEE)**

TO: Pompano Aegean Condominium Association Inc.

FROM: UNIT OWNER’S/LESSEE NAME(S) _____

UNIT NO. _____

Immediate Family ()

Approved Guest ()

This is to authorize you to grant access to the person(s) listed below.

Name(s) of all guest(s) who will be visiting:

_____ Relationship _____
_____ Relationship _____
_____ Relationship _____
_____ Relationship _____

Reason for visitation: _____

Dates of visits from: _____ To: _____

Please note the following:

- 1. Approved guests must include at least one (1) adult over the age of 25 and total not more than five (5) individuals including children.**
- 2. Guests are required to provide photo ID to the Management office included with registration form before arrival and to Security upon arrival.**
- 3. Apartment Owner(s) must make arrangements for your guests to have a key to your apartment. The Management office and Security force cannot and will not supply a key from the emergency key file or take possession.**

Owner/Lessee Signature: _____ Date: _____

Co-Owner/Lessee Signature: _____ Date: _____

Association Manager’s Signature: _____ Date: _____

Board Member Approval: _____ Date: _____

PLEASE COMPLETE, SIGN, AND RETURN REGISTRATION FORM BY EMAIL TO manager@pompano-aegean.com OR BY FAX TO 954-782-2814