ROYAL OAKS

Royal Oaks Authorized Guest List

Resident Name _____

Resident Address _____

Resident Contact number _____

PLEASE NOTE, GUESTS ON THIS FORM WILL BE ALLOWED ACCESS TO THE COMMUNITY WITHOUT YOUR PRIOR NOTIFICATION, AS LONG AS THEY PRESENT PROPER ID TO THE GUARDS.

YOUR SIGNATURE ON THIS FORM ACTS AS YOUR AUTHORIZATION FOR ENTRY.

Authorized Guest Name

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Resident Signature Date

_____ _____

Resident Signature Date