

# ROYAL PARK CONDOMINIUM APARTMENTS, INC.

119 Royal Park Drive #1A, Oakland Park, FL 33309  
Office: 954-739-6300 FAX: 954-731-4341 RoyalParkCondos.com

---

## “AUTHORIZED VISITOR” ENTRY FORM

Owners and tenants may register up to three (3) names with the Royal Park Gatehouse.

Bldg.#-Unit#: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Check One:  Owner  Tenant

Owner/Tenant: Name \_\_\_\_\_ Email \_\_\_\_\_

Authorized Visitors' Registrations for:

1. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Vehicle Info: Year: \_\_\_ / Make: \_\_\_\_\_ / Model: \_\_\_\_\_ / Color: \_\_\_\_\_ / Lic No: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Vehicle Info: Year: \_\_\_ / Make: \_\_\_\_\_ / Model: \_\_\_\_\_ / Color: \_\_\_\_\_ / Lic No: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Vehicle Info: Year: \_\_\_ / Make: \_\_\_\_\_ / Model: \_\_\_\_\_ / Color: \_\_\_\_\_ / Lic No: \_\_\_\_\_

By signing this form, I request that the Royal Park Condominium Security Gatehouse admit the above-named individual adult persons to the Royal Park Condominium Apartments Property on an on-going basis. I agree and understand that these individuals shall be allowed to enter the property without the need for me to inform the Gatehouse prior to each entry.

I understand that these persons shall be allowed entry as “Authorized Visitor” on a regular basis but are not considered permanent or generally overnight guests. The purpose of this category is to accommodate residents' family, close friends checking on an individual or their property, and/or healthcare workers.

I agree and understand that all Royal Park Condominium Association Rules and Regulations shall fully apply to any person designated as “Authorized Visitor”. Violation of any Royal Park Condominium Association Rule or Regulation by such person or abuse of this privilege as determined by management shall result in the immediate cancellation of their special visitor privilege.

I fully understand that, as the apartment owner or lessee, I shall be responsible for the actions and behavior at all times of any person designated as an “Authorized Visitor”.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Office Use Only:

---

Received & Approved By: \_\_\_\_\_ Date Updated in Condo Control: \_\_\_\_\_