



Remington Community Development District

Owner Amenities Access Registration Form

Owner's Name: _____
(Resident listed on Warranty Deed)

Residential Address: _____ **Kissimmee** **FL** **34744**
(Within Remington CDD) *Street Address* *City* *State* *ZIP Code*

Mailing Address: _____
(If different from Residential) *Street Address* *City* *State* *ZIP Code*

Phone: _____ Email: _____

Additional Resident(s): _____
(Using the amenities)

***GATE ENTRY BARCODE LABEL(S):** _____
(Number desired)

***FOR REPLACEMENT(S):** _____
(Please indicate which barcode label(s), if any, should remain active for your household)

*Unless otherwise indicated by our office, **ALL barcode labels**, including replacements needed for any reason, are ten dollars (\$10) each and limited to four (4) per household.

****RECREATION CENTER ACCESS CARD(S):** _____
(Number desired)

All **access cards, including replacements needed for any reason, are ten dollars (\$10) each and limited to two (2) per household.

WAIVER:

I understand that the Remington Community Development District assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any activities, sports, use of exercise equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness that may result from my participation in these activities. I hereby release and discharge the Remington Community Development District, its agents, servants, and employees from any claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. I understand that Remington Community Development District is not responsible for personal property lost or stolen while participating at the Remington Recreation Center, pool and sport facilities. I acknowledge and agree to these terms.

Signature: _____ Date: _____
(Parent or Guardian if a minor)

RECEIPT OF DISTRICT'S AMENITY POLICIES AND RATES:

I acknowledge that I have been provided a copy of and understand the terms and all policies, including the **Guest Policy**, in the **Amenity Policies and Rates** of the Remington Community Development District.

Signature: _____ Date: _____
(Parent or Guardian if a minor)

PLEASE MAIL THIS FORM, WARRANTY DEED, AND *PAYMENT, IF APPLICABLE, TO:**

Remington CDD
 Attn: Amenity Access
 219 E Livingston St
 Orlando, FL 32801

*****Payments must be in the form of a check or money order made payable to "Remington CDD" to be accepted.**

ADDITIONAL INFORMATION REGARDING THE CDD: <https://remingtoncdd.com/>

CONTACT OUR OFFICE: Phone: (689) 500-4540 / Email: amenityaccess@gmscfl.com

TO REPORT AMENITY POLICY VIOLATIONS: Phone: (321) 248-2141

GATEHOUSE SECURITY (STREET PARKING REQUESTS): Partin Settlement Phone: (407) 847-6825 / Lakeshore Phone: (407) 343-6218

FOR OFFICE USE ONLY:

Assigned Barcode Label(s): _____	Date Form Received: _____
Assigned Access Card(s): _____	Date Item(s) Issued: _____