



# 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)*

**\*EXISTING TO KEEP ACTIVE:** \_\_\_\_\_  
*(Please indicate which barcode label number(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](mailto: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): \_\_\_\_\_  
 Assigned Access Card(s): \_\_\_\_\_

Date Form Received: \_\_\_\_\_  
 Date Item(s) Issued: \_\_\_\_\_