



9100 Fatio Blvd.  
Wellington, Fl. 33414  
Phone: (561) 333-3636 Fax: (561) 333-5311

**IMPORTANT!**

## Access Control and Emergency Form

Dear Olympia Resident:

Olympia is implementing a new integrated access control system at the gates and in the clubhouse. With this new system the guards will be able to process residents and guests through the gates much more quickly. In addition, homeowners will be able to update their vendor registration forms and their personal phone number list by using the internet.

**Please fill out and return the enclosed Access Form to the Clubhouse. If you have any questions, please call 561-333-3636**

Please also bring with you to the clubhouse:

1. All transponders and club cards in your possession.
2. Copy Village Approval Letter if you are a tenant.
3. Valid Driver's License with your Olympia address for each Club Access Card.
4. Valid Vehicle Registration for all vehicles eligible for a transponder. Registration must have an Olympia address. Residents with company owned vehicles must provide a letter on company letterhead that includes the vehicle registration information and confirmation that the vehicle is assigned to the resident.

Please remember that the number of transponders issued per household is based on two criteria: vehicular space at the home and number of vehicles owned. Examples are as follows:

**Example 1-** A home with a two car garage and four vehicles registered to the home will be able to have four transponders.

**Example 2-** A home with a three car garage and two vehicles registered to the home is able to have two transponders.

**Visit [www.flhsmv.gov](http://www.flhsmv.gov) for information regarding obtaining a state issued ID card or for changing addresses of Driver's Licenses and Vehicle Registrations.**

**ALL TRANSPONDERS AND CLUB ACCESS CARDS NOT RE-REGISTERED  
WILL BE DISABLED**

<b>Name of Community</b>	<b>Olympia Master Association</b>		
<b>Resident Address</b>	<b>Sample</b>		

## ACCESS CONTROL AND EMERGENCY FORM

<b>Occupant Info</b>	<b>Access PIN #</b>	<b>Phone Numbers</b>	<b>Off-Site Address &amp; email</b>	<b>Car Data</b>
<i>(Please Print)</i>	<i>(4 - 6 digits: #s only)</i>	<i>(4 - 6 digits: Numbers only)</i>		Card# = ex: Transponder/Decal # <i>(Note: Some fields may not apply)</i>
<b>Owner(s)</b> <i>(Please read all categories below in this column 1<sup>st</sup> prior to starting..)</i>	Example: <b>John Doe</b>	1. 561-555-1211 2. 561-555-1212  Only two- (2)	Address: 100 Ocean Club Drive Hillsboro Beach, FL 33062 Email: test@safehouse.cc	Make Mercedes Model SLK 350 Year 2010 Color Red Tag# FLA123 State FL Transponder #1234567890
<b>Emergency Contact:</b> <i>Jayne Doe</i>	Relationship	Wife		
Phone Number: 561-555-1215	Yes	x	No	Cellular/Other Phone #: 561-555-1216
<b>Medical Alert:</b>	Nature of Alert: <i>In case of emergency, note resident is allergic to penicillin.</i>			
<b>Alert Message/Instructions</b>	Ex: <i>"Do not let Bubba Doe in under any circumstances"</i> or <i>"Notify police of Restraining Order #12345"</i> or <i>"Realtor instructions"</i>			
<b>Owner(s)</b>	<i>(4-6 digits: Numbers only)</i>	1. 2.	Address:  Email:	Make Model Tag# Transponder# Color Year State
<b>Owner(s)</b>	<i>(4-6 digits: Numbers only)</i>	1. 2.	Address:  Email:	Make Model Tag# Transponder# Color Year State
<b>Emergency Contact:</b>	Relationship			
Phone Number:	Yes	x	No	Cellular/Other Phone #:
<b>Medical Alert:</b>	Yes		No	Nature of Alert:
<b>Alert Instructions</b>				

Occupant Info	Access PIN #	Phone Numbers	Off-Site Address & email	Car Data
(Please Print)				
<b>Other Occupants:</b>	Just one-(1)	1.	<u>Address:</u>	Make
	(Requires a separate pin # if surname is different)	2.		Mode
<b>Relationship:</b>		Only two-(2)	<u>Email:</u>	License Plate
				Card#:
<b>Emergency Contact:</b>		Relationship		Transponder#
<b>Phone Number:</b>		Cellular/Other Phone #:		
<b>Medical Alert:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Special Alert Message/Instructions</b>				
<b>Other Occupants:</b>	Just one-(1)	1.	<u>Address:</u>	Make
	(Requires separate pin #'s if they will have guests ask for their name)	2.		Mode
<b>Relationship:</b>		Only two-(2)	<u>Email:</u>	License Plate
				Card#:
<b>Emergency Contact:</b>		Relationship		Transponder#
<b>Phone Number:</b>		Cellular/Other Phone #:		
<b>Medical Alert:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Special Alert Message/Instructions</b>				
<b>Other Occupants:</b>	Just one-(1)	1.	<u>Address:</u>	Make
	(Requires separate pin #'s if they will have guests ask for their name)	2.		Mode
<b>Relationship:</b>		Only two-(2)	<u>Email:</u>	License Plate
				Card#:
<b>Emergency Contact:</b>		Relationship		Transponder#
<b>Phone Number:</b>		Cellular/Other Phone #:		
<b>Medical Alert:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Special Alert Message/Instructions</b>				
<b>Other Occupants:</b>	Just one-(1)	1.	<u>Address:</u>	Make
	(Requires separate pin #'s if they will have guests ask for their name)	2.		Mode
<b>Relationship:</b>		Only two-(2)	<u>Email:</u>	License Plate
				Card#:
<b>Emergency Contact:</b>		Relationship		Transponder#
<b>Phone Number:</b>		Cellular/Other Phone #:		
<b>Medical Alert:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Special Alert Message/Instructions</b>				

<b>Renter(s)</b>	<b>(4-6 digits: Numbers only)</b>		1.	<u>Address:</u>		<b>Make</b>	<b>Color</b>
	<b>Just one-(1)</b>		2.	<u>Email:</u>		<b>Model</b>	<b>Year</b>
			<b>Only two-(2)</b>			<b>License Plate</b>	<b>State</b>
						<b>Card#:</b>	
<b>Emergency Contact:</b>		<b>Relationship</b>					
<b>Phone Number:</b>		<b>Cellular/Other Phone #:</b>					
<b>Medical Alert:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Nature of Alert:</b>					
<b>Special Alert Message/Instructions</b>							
<b>Occupants of Renter:</b>	<b>Just one-(1)</b>		1.	<u>Address:</u>		<b>Make</b>	<b>Color</b>
	<i>(Requires a separate pin # if surname is different)</i>		2.	<u>Email:</u>		<b>Model</b>	<b>Year</b>
			<b>Only two-(2)</b>			<b>Tag#</b>	<b>State</b>
						<b>Card#:</b>	
<b>Emergency Contact:</b>		<b>Relationship</b>					
<b>Phone Number:</b>		<b>Cellular/Other Phone #:</b>					
<b>Medical Alert:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Nature of Alert:</b>					
<b>Special Alert Message/Instructions</b>							
<b>Occupants of Renter:</b>	<b>Just one-(1)</b>		1.	<u>Address:</u>		<b>Make</b>	<b>Color</b>
	<i>(Requires separate pin #'s if they will have guests ask for their name)</i>		2.	<u>Email:</u>		<b>Model</b>	<b>Year</b>
			<b>Only two-(2)</b>			<b>Tag#</b>	<b>State</b>
						<b>Card#:</b>	
<b>Emergency Contact:</b>		<b>Relationship</b>					
<b>Phone Number:</b>		<b>Cellular/Other Phone #:</b>					
<b>Medical Alert:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Nature of Alert:</b>					
<b>Special Alert Message/Instructions</b>							

CHILDREN WHO WILL BE LIVING IN HOME		Circle One: * Child of Owner or Renter
Name	<i>(Please Print)</i>	Age of Child:
Child # 1		
Child # 2		
Child # 3		
Child # 4		

Owner/Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VENDOR / SERVICE PROVIDER REGISTRATION FORM

**Olympia Master Association, Inc.**

*Please PRINT all information CLEARLY*

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name (s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Village \_\_\_\_\_ Lot \_\_\_\_\_

Vendor/Service Provider Name: \_\_\_\_\_

Type of Vendor/Service Provider: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Requested Expiration Date (optional): \_\_\_\_\_

**Proof of Service: Circle one and attached copy.**

Cancelled check    Contract for Service    Invoice/Bill    Cash Receipt

I understand the technician registered will be required to show Photo ID and proof they are employed by the registered Vendor. I further understand that except in the event of an emergency, Vendor will only be permitted access to the Community Monday through Saturday between 7 AM and 6 PM. Vendor Lists will be purged every January 1<sup>st</sup> and July 1<sup>st</sup>. All Vendors must be re-registered prior to those dates.

Signature: \_\_\_\_\_

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### Office Use Only

**Please verify all information in Database is up-to-date prior to approving this application.**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Expiration Date (if applicable) \_\_\_\_\_

DATE \_\_\_\_\_ BY \_\_\_\_\_