



REMOTE REQUEST FORM

REMOTE No. _____

ACCOUNT # 1787- _____

ADDRESS:		DATE:	OWNER <input type="checkbox"/> RENTER <input type="checkbox"/>	
OWNER'S LAST NAME		OWNER'S FIRST NAME		
MAILING LAST NAME:		MAILING FIRST NAME:		
MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY

REMOTE USER LAST NAME		REMOTE USER FIRST NAME		RELATIONSHIP TO OWNER
AUTO TAG	AUTO STATE	AUTO COLOR	AUTO MAKE/MODEL	AUTO YEAR
AUTO TAG	AUTO STATE	AUTO COLOR	AUTO MAKE/MODEL	AUTO YEAR
HOME EMAIL		WORK EMAIL		ALTERNATE EMAIL
CONTACT PHONE	HOME PHONE	WORK PHONE	CELL PHONE	EMERGENCY #

OWNER'S AGENT FULL NAME

ALLOW ENTRY TO: <hr/> <hr/> <hr/> <hr/> <hr/>
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RECEIVED BY (Print Name)	RECEIVED BY (Signature)
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OFFICE USE ONLY

RECEIVED BY	DATE	TIME
VERIFIED BY	DATE	TIME
APROVED/REJECTED BY	DATE	TIME
ACTIVATED/DEACTIVATED BY	DATE	TIME

FIG 082104

MAIL TO: Miami Management Inc.
14275 SW 142 Avenue
Miami, FL 33186

OR DROP OFF AT: Guardhouse

* Mail or Drop off the form with your check "payable to" Village of Doral Lakes. Cash is **NOT** accepted