LAKES AT BELLA LAGO COMMUNITY DEVELOPMENT DISTRICT AMENITIES ACCESS REGISTRATION FORM

ADDRESS: HOME TELEPHONE: CELL PHONE: EMAIL ADDRESS: ADDITIONAL RESIDENT 1: DOB IF UNDER 18 ADDITIONAL RESIDENT 2: DOB IF UNDER 18 ADDITIONAL RESIDENT 3: DOB IF UNDER 18 ADDITIONAL RESIDENT 4: DOB IF UNDER 18 ADDITIONAL RESIDENT 5: DOB IF UNDER 18 ADDITIONAL RESIDENT 5: DOB IF UNDER 18 ACCEPTANCE: I acknowledge receipt of the Access Card(s) for the above-listed residents and certify that the above information is true and correct. I understand that I have willingly provided all the information requested above and that it may be used by the Lakes at Bella Lago Community Development District ("District") for various purposes. I acknowledge that this information is subject to Florida's public records laws and may be disclosed upon request. I also understand that I am financially members and my guests and the damages resulting from the loss or theft of my or mainly members' access Card(s). It is understood that Access Cards are the property of the District and are non-transferable except in accordance with the District's rules, policies and/or regulations, and any necessary replacement will be at an applicable replacement Access Card fee. In consideration for the admirtance of the above listed persons and their guests into the facilities owned and operated by the District, I agree to hold harmless and release the District, its supervisors, agents, officers, professional staff and employees from any and all liability for any injuries that might occur, whether such occurrence happens wholly or marby me or my family members' or guests' fault, in conjunction with the use of any of the District's Amentry Policies and Rates), as well while on the District's propersy, Nothing herein shall be considered as a waver of the District's Amentry Policies and Rates), as well while on the District's propersy, Nothing herein shall be considered as a waver of the District's sourceing immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability beyond any statutory limited waiver of imm	NAME:		
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(NOTARY SEAL) Official Notary Public Signature	AFFIDAVIT OF RESIDENCY: (REQUIRE.) I hereby state that the address listed above is the Registration Form and that such address is locat acknowledge that a false statement in this affida Section 837.06, Florida Statutes. I declare that my knowledge and belief. Signature of Patron State of Florida County of The foregoing was acknowledged before me by, 20, by as identification. (NOTARY SEAL)	bona fide residence for all residents listed in this Amenities Access ted within the Lakes at Bella Lago Community Development District. I wit may subject me to penalties for making a false statement pursuant to I have read the foregoing and the facts alleged are true and correct to the best of	

RECEIPT OF DISTRICT'S	AMENITY POLICIES AND RATE	ES:	
I acknowledge that I have been provided a copy of and understand the terms in the Amenity Policies of the Lakes at Bella Lago Community Development District.			
Signature of Patron (Parent or Legal Guardian if m	inor)	Date	
GUEST POLICY:			
Please refer to the Amenity Policies for the most current policies regarding Guests.			
PLEASE RETURN THIS FORM TO: Lakes at Bella Lago Community Development District c/o Wrathell, Hunt and Associates, LLC 2300 Glades Road, Suite 410W Boca Raton, Florida 33431 Office: 1-877-276-0889 Email: info@lakesatbellalagocdd.net			
OFFICE USE ONLY:			
Date Received	Date Entered in System	Staff Member Signature	
PRIMARY RESIDENT:		Access Card #	
TOTAL INCODMAT			
ADDITIONAL INFORMATION:			
Phase Phase			
	e-Sale: Prior Owner:		
Rental: Landlord/Own	ner:		
Lease Term: Tenant/Renter:			