

**SADDLE CREEK COMMUNITY SERVICES DISTRICT
RESIDENT'S TEMPORARY GUEST LIST AUTHORIZATION**

ADVISORY: The persons you identify on this Temporary Guest List will be permitted access into Saddle Creek Community Services District as your authorized guest only for the time period specified in this document. **YOU WILL NOT BE NOTIFIED THAT A GUEST LISTED ON THIS DOCUMENT HAS ENTERED THE DISTRICT DURING THE TIME PERIOD SPECIFIED FOR THE VISIT.**

This Temporary Guest List will expire in accordance with the ending time/date you specified. Future access will not be granted without your specific approval.

In order that we may secure proper assistance in the event an emergency arises at your residence while you are away but guests are present, it is requested that you provide the name, address and phone number of a Saddle Creek Community Services District resident who has access to your home. Please enter the requested information below:

Name: _____ Address: _____

Phone: _____

LIST OF TEMPORARY GUESTS: I hereby request that the following persons be permitted access to Saddle Creek Community Services District during the following time period:

From (Date): _____ @ Time: _____ To (Date): _____ @ Time: _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

(Please enter additional names on the back of this sheet.)

I recognize that I will not be notified (day or night) when one of my temporary guests enters the District during the time period I have specified.

Residents Name (*please print*): _____

Saddle Creek Address: _____

Saddle Creek Phone No.: _____ Phone No. (Work) _____

Other Phone Numbers: 1) _____ 2) _____

Signature of Resident: _____

Date Signed: _____

**Please complete this form and return it to either Gate House personnel or
Greg Hebard (Monday-Friday 6:30am to 3:00pm at (209) 768-5678)**

A copy of this will be maintained at the Main Gate.