## PASEO COMMUNITY DEVELOPMENT DISTRICT

DISTRICT OFFICE • 9530 MARKETPLACE ROAD • SUITE 206 • Ft. Myers, Florida 33912

www.paseocdd.org

## PASEO RESIDENT TRANSPONDER REGISTRATION FORM

DATE: \_\_\_\_\_ Residence Address: Owner Name: Owner Telephone: Resident Adult(s) Renter: Yes / No \_\_\_\_\_ If Yes – Lease Expiration Date: \_\_\_\_\_ Last Name: Primary Phone: First Name: Secondary Phone: Primary Phone: \_\_\_\_\_ Last Name: First Name: Secondary Phone: Vehicle 1 Vehicle 2 Last Name: \_\_\_\_\_ Last Name: First Name: First Name: Tag #: \_\_\_\_\_ Tag #: \_\_\_\_\_ Tag State: \_\_\_\_\_ Tag State: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_ Year: Color: \_\_\_\_\_ Color: Transponder #: \_\_\_\_\_ Transponder #:

## **Pre-Cleared Visitor List**

Pre-Clea	red visitors will be admitte	ed by the guard wi	thout calling the resident	
Last Name	First Name	E:	xpiration Date	
Last Name	First Name	E	xpiration Date	
Last Name	First Name	E	xpiration Date	
Last Name	First Name	E	xpiration Date	
Last Name	First Name	E:	xpiration Date	
Last Name	First Name	E	xpiration Date	
Last Name	First Name	E:	xpiration Date	
Last Name	First Name	E	Expiration Date	
Last Name	First Name	E	Expiration Date	
Last Name	First Name	E	Expiration Date	
Last Name	First Name	E	Expiration Date	
Last Name	First Name	E	Expiration Date	
Last Name	First Name		PIN#	
Last Name	First Name		PIN#	
Last Name	First Name		PIN#	
Text or Email:				
	•	•	nnit. If this feature is desired, <i>CHOOSE ONLY</i> the 10-digit cell phone number).	
notifications by email or	phone, and providing your ema	ail address or phone i	bers, are public records. By electing to receive number on this form, you are acknowledging nse to a public records request.	
Last Name		Email Address		
		OR		
First Name		Carrier	Number	
Last Name		Email Address		
		OR		
First Name		Carrier	Number	