



RIVERCREST COMMUNITY DEVELOPMENT DISTRICT



11560 Ramble Creek Dr., Riverview, FL 33569
(813) 672-3804 Office. (813) 672-3185 Fax.

Access Card Replacement
Or
Additional Access Card Purchase
For
Member of Household

Resident's Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Old card number: _____ Date of turn off: ____/____/____

New card number: _____ Date issued: ____/____/____

Card holder name: _____

Replacement and additional access cards over (2) two per household will be issued at the cost of \$15.00 per card. Payment will be accepted in cash or check made out to Rivercrest CDD.

Prior to replacement or issuing additional cards the most current access card agreement must be on file with proof of current residency confirmed.

If replacement or additional access card is for a minor the parent or guardian must be present to authorize the card issuance.

I agree to all of the rules and regulations as stated on the most recent version of the access card agreement. (Will be provided on request)

Check # _____ Date Received: ____/____/____

Resident Signature: _____

Rivercrest Staff Signature: _____