

Transponder Application Form (Property Owner & Resident)

Applicant Categor	y (Check ONE Below):	
Prope	rty Owner	
Resid	ent (Requires Property Ow	ner Signature Below)
Name of Applicant (Print Na	me):	
Residence Address:		
Contact Phone:	Other Phone:	Email Address:
transponders may be purch	ased at the price of \$25 each. You have	ree of charge every three years. Additional standard the option of paying for the additional Transponders for them on your next quarterly assessment
	register as required may result in the dea	every two years. The HOA office will notify when it is time activation of your Transponder until such time as you have
regulations apply. You agre	e to abide by posted speed limits and de your Transponder and may result in fine	II CC&R provisions, Community rules, policies and signated parking spaces. Violations may result in s and other penalties as may be allowable under
	•	ain a Transponder. I confirm that I have such insurance in such insurance while I have a Transponder.
Signature of		
Applicant:		Date

Form Date: 4/2/21



Vehicle and Golf Cart Information (Property Owner & Resident)

Applicant Name (Print Name):				
Please complete the information by you are requesting a Transponder.		you intend to use when enteri	ng SouthShore Com	munity and indicate if
VEHICLE ONE				
TRANSPONDER REQUESTED: Yes	No	TRANSPONDER TYPE		
TRANSPONDER COST:	TRANSPONDER #:			
VEHICLE OWNER NAME:				
VEHICLE MAKE:	MO	DEL:		
VEHICLE YEAR:	VEHICLE COI	LOR:		
LICENSE PLATE NUMBER:		STATE:		
VEHICLE TWO				
TRANSPONDER REQUESTED: Yes	No	_ TRANSPONDER TYPE		
TRANSPONDER ISSUANCE COST: _	TRANSPON	NDER #:		
VEHICLE OWNER NAME:				
VEHICLE MAKE:	MO	DEL:		
VEHICLE YEAR:	VEHICLE COLOR:			
LICENSE PLATE NUMBER:		STATE:		
GOLF CART				
TRANSPONDER REQUESTED: Yes	No	_ TRANSPONDER TYPE		
TRANSPONDER ISSUANCE COST: _	TRANSPON	NDER #:		
MAKE:	MODEL:	Color:		
Applicant Signature:		Date: _		
Staff Member Issuing Transponder	:		Date:	
Security Confirmation of Transpon	der Application:		Date:	
•			Fo	orm Date : 4/2/21