

The Springs Community Association, Inc.
 400 Woodbridge Road
 Longwood, Florida 32779
 Office (407) 862-3881 Fax (407) 862-5574
 Office Hours: Monday-Friday 8:30am - 5:00pm

CONTRACTOR'S PASS AUTHORIZATION REQUEST FORM	
DATE OF EXPIRATION:	
CONTRACTOR'S NAME:	
CONTRACTOR'S COMPANY NAME:	
RESIDENT/MANAGEMENT CO. AUTHORIZING SERVICE:	
CONTACT PERSON:	
CONTACT PHONE:	
PROPERTY & VILLAGE:	
NOTICE TO RESIDENT/OWNER	
<p>It is the Resident's/Owner's responsibility to insure that this contractor authorization is requested within the legal guidelines of the Springs Association Declaration of Covenants and Restrictions. In the event that it is determined by The Springs management staff that the contractor given authorization by the Resident/Owner is not operation within compliance of these restrictions, the contractor pass issued will be confiscated by The Springs security and the contractor will be escorted off of The Springs property immediately.</p> <p>Any and all requested work which falls under the following description and has not been approved by the Architectural Committee or the Board of Directors prior to commencement will cause the authorized contractor to be denied access to all Springs property. This work description is taken directly from Article VII, Section I of The Springs Association Covenants and is as follows:</p> <p>"No building, fence, driveway, patio, paved area, wall or other structure, which term shall be given its broadest legal interpretation (i.e., playhouses, satellite dishes, solar panels, etc.) shall be commenced, erected or maintained upon the existing property and additions to existing property shall any exterior addition to or change or alteration therein be made until the plans and specifications showing the nature, external design, kind, shape, height, materials, square footage, location, landscaping, and other specifications reasonably required by the Association of the same shall have been submitted to and approved in writing by the Board of Directors of the Association or by the Archetectural Control Committee..."</p>	
TYPE OF WORK TO BE DONE: _____	
ACCESS: (Please check all that apply) MON___ TUES___ WED___ THURS___ FRI___ SAT___	

I understand that I am assuming full responsibility for my contractor in The Springs. I understand that this pass will allow access through the guard gate to only my residence on the days and during the hours noted. I will advise Security if there is a change of schedule. If I choose to invalidate this pass prior to its expiration date, I will return it to the Business Office. Only tenants or resident renters with written authorization from the property owner may request Contractor Passes.

*Contractor Passes will be picked up by the contractor at the front entrance gate. The contractor must request the pass by identifying the Resident, Mangement Company, or the Village.

Date			Signature of Resident/Owner		
DATE	PASS NUMBER	RENEWAL	DATE	PASS NUMBER	RENEWAL