Sylvan Shores Association Inc.
40302 Paradise Drive, Browerville, MN 56438
Phone: (218) 894-1065
Fax: (218) 894-3022
Email: sylvanshores@outlook.com
www.sylvanshores.com

One fob will be issued free of charge per documented lot owner regardless of the number of lots owned. At the time of obtaining your initial fob additional key fobs may be purchased for multiple owners of lots in Sylvan Shores Association, Inc. Not to exceed 4 key fobs with a $15 charge for each additional. Individual owners' names will be documented and assigned to each card. All guests and children under the age of 14 must be accompanied by a Sylvan Shores land owner at all times while using the Sylvan Shores amenities. Anyone who loans their key fob to someone except those who live in their dwelling or to a child under the age of 14 will be subject to a $100 fine and suspension of their key fob for 30 days after the violation.

If a key fob is lost, stolen or damaged a $50 replacement fee will be required to obtain a new one.

Any violation of the general pool, clubhouse or campground rules, (see website for a complete list) will result in suspension of your key fob for a 30 day period. Any member who is not in good standing with Sylvan Shores Association, Inc. will be subject to suspension of their key fob and their names being posted. To be in good standing you must:

1. Be current on your assessments
2. Be in compliance with our Association covenants and bylaws
3. Have a key fob agreement signed and on file

Please provide the following information to obtain your key fob:

First and Last name:_____

Email (required): _____

Address:_____

Subdivision(s) _____ Block/Lot #(s)_____

Primary Phone number (required)_____Cell (required):_____

Key Fob # Issued: _____Fob holders full name_____

Key Fob # Issued: _____Fob holders full name_____

Key Fob # Issued: _____Fob holders full name_____

Key Fob # Issued: _____Fob holders full name_____

By signing below, I hereby understand and agree with the above terms. I also agree that I will notify the Sylvan Shores office immediately if the key fob is lost, stolen or damaged. Furthermore, I agree that I will be responsible for its illegitimate use prior to such notification.

_____

Signature Date

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IMPORTANT!

Only the legal Owner of record may request a key fob(s).

Number of Additional Key Fob(s): _____ x $15.00 each. Total Due: $_____

Number of Replacement Key Fob(s): _____ x $50.00 each. Total Due: $_____

Key Fob #: _____, _____, _____, _____

Please list all occupants residing in your home, please include ages for all minors.

_____
Name Age

_____
Name Age

_____
Name Age

_____
Name Age

_____
Name Age

_____
Name Age

_____
Name Age