## **Harmony**

# Community Development District Process for Obtaining Photo ID Access Cards

#### STEP ONE:

Collect and complete all registration items necessary to apply for an access card.

- Access card registration form (a copy is available on-line here: Access Card Form)
- Copy of current lease agreement (if renting), or HUD statement or other proof of ownership (if an owner). Fora complete list of acceptable forms of identification, refer to District Rules Chapter 4, Section 3; which relates to Access Cards for Parks and Recreational Faculties.
- Head shot photograph of each resident in the household, ages 12 and older, who is requesting an access card. Photos should be in digital format (jpg, png, tiff, etc.) and may be taken with your phone if that is more convenient.
- Driver's license, or other suitable governmentally issued proof of personal identity, for each applicable family member. A scanned copy will suffice if you are applying online, or you may show your license if applying in person at the District office.
- Fee of \$10/card for renters, and for replacements (per District Rules Chap 4, Sect 3.1.24).

#### STEP TWO:

Provide registration items to the CDD Field Supervisor (in Harmony) or to the District Office (in Celebration); either in person, through USPS mail, or via eMail.

#### Field Supervisor:

7360 Five Oaks Drive Harmony, FL 34773 Phone: 689-272-7723

eMail: Jose.Pabon@inframark.com

#### **District Office:**

313 Campus Street Celebration, FL 34747 Phone: 407-566-1935

eMail: CDDMaintenance@inframark.com

#### **STEP THREE:**

Allow time for processing and printing of the access cards.

- It typically takes at least three (3) days to process a registration request once it is received.
- When they are complete, you may receive your access cards either 1) via USPS mail [by providing your home address], or 2) from the Field Supervisor [689-272-7723].
- If at any time you have a question, please feel free to contact Inframark using the phone. numbers and email address listed above. We appreciate the opportunity to serve you!



## **HARMONY CDD**

### **Access Card Registration**

NAMES OF RESIDENTS: (Plea	ase designate ages for children)
ADDRESS:	
□ Owner □	Renter, Lease Expiration Date:
TELEPHONE:	<b>EMAIL:</b>
Residents who rent a home in Har Replacement cards (for any reason)  POOL GUIDELINES: NO NIGH  Swimming is only permitted du  Children 15 years of age and years	TTIME SWIMMING!  uring the posted hours of operation.  ounger must be under adult supervision to use the pool.
► Residents may bring a maximu	um of four (4) guests per family to the pool.
card. Children ages 11 and you	en to residents ages 12 and older with a valid access anger must be under adult supervision at the boat dock.
	nal facility rules, please refer to Chapter 4, Harmony CDD ules available on the website, <a href="https://www.HarmonyCDD.org">www.HarmonyCDD.org</a> .
assumes no responsibility for injucondition or resulting from my part boat dock, use of the playgrounds of I expressly acknowledge on behalf injuries and illness that may result discharge the Harmony Communiform any claims for injury, illness participation in these activities. I un	the Harmony Community Development District ("District") aries or illness that I may sustain as a result of my physical rticipation in any activities, sports, use of the pool, use of the por other activities at any of the District's recreational facilities. For myself and my heirs that I assume the risk for any and all a from my participation in the activities. I hereby release and ty Development District, its agents, servants and employees as, death, loss or damage that I may suffer as a result of my inderstand that the Harmony Community Development District operty lost or stolen while participating at the Harmony boat facilities.
ACCEPTANCE: Lockrowiledge th	as visivian as set fouth shove and somes to its towns. I have need
and agree to abide by the Harmony C	ne waiver as set forth above and agree to its terms. I have read CDD Park and Recreation Facility Rules. I also understand that I amages caused by me or my family members.
Signature of Adult Resident	Data