



Homeowners Association, Inc.
Recreational Swim Pass Request Form

Please complete the form below to request a recreation pass. Only one form is needed per lot/family.

Lot Owner's First and Last Name:

Cannonsgate Address:

Email Address:

Best Phone Number:

List ALL lot numbers owned in Cannonsgate:

(Please separate multiple lot numbers with a comma)

Emergency Contact: Name and Phone:

Number of passes requested? (Maximum of 4/Lot): 1 2 3 4 (circle one number)

Note:

By Checking the Agreement Box Below and Signing You Agree To Follow All Rules And Regulations of The Cannonsgate at Bogue Sound HOA & BSA. There is a \$20.00 Fee for Each Replacement Pass during the Calendar Year. Each lot can obtain a maximum of four (4) passes.

I Agree

Signature: _____ Date: _____

Please mail, fax or email all completed forms to:

E-mail: csmorehead@camsmt.com

Fax: 252-247-4339

Mailing address:

Cannonsgate c/o CAMS
316 Commerce Ave Suite C
Morehead City, N.C. 28557

You will be notified via the provided best phone number when your passes are ready for pick up.