



KELLY PLANTATION

Business Name: _____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

e-mail: _____

Type of Service Provider/Nature of Business: _____

Date of Registration: _____ Payment: _____

Vehicle Information:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Make					
Model					
Year					
Color					
Tag					
RFID #					

Vehicle Insurance Carrier: _____

Policy #: _____ Expiration: _____

State Registered: _____

AGREEMENT:

I am a contractor or subcontractor doing business in Okaloosa County, Fla. I have been engaged or employed to perform work at a property or properties within Kelly Plantation, and hereby affirm I have received, reviewed, and agree to abide by the terms of Kelly Plantation's Contractor Vehicle Registration policy.

I acknowledge that if I or any of my employees, agents, or subcontractors violate any provision of the policy (this includes any solicitation or parking on the grass). I and/or my company may be subject to fines, fees, and penalties, including but not limited to monetary fines, an order to Stop Work, and denial of access to Kelly Plantation property.

Printed Name

Company Name

Signature

Date

NOTE: KELLY PLANTATION HAS THE RIGHT TO REFUSE ENTRY TO CONTRACTORS WHO FAIL TO REGISTER. TEMPORARY PASSES ARE NOT BEING ISSUED.