

# Forest Lakes Mutual Water Company

## SWIM I.D. PASS REQUEST FORM FOR STOCKHOLDERS

This form is provided to FLMWC stockholders and their tenants interested in using the Lake during summer months June to September. A swim pass for stockholders and/or their tenants will be issued with this completed form. By signing below, you agree to abide by the Lake Rules and Regulations included with this form. Information provided herein remains confidential and is for FLMWC use only.

**STOCKHOLDER: Fill out SECTION I ONLY. TENANTS: Fill out SECTION II ONLY.**

**PLEASE RETURN THE COMPLETED FORM TO:  
FOREST LAKES MUTUAL WATER COMPANY  
910 FERN AVENUE  
FELTON, CA 95018**

---

### SECTION I - STOCKHOLDER ONLY – Email: \_\_\_\_\_

Stockholder: \_\_\_\_\_  
Print Name Signature

List all household members: \_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

#### EMERGENCY NUMBER(S) DURING THE HOURS OF 12:00 TO 6:00 P.M.

Name: \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

---

### SECTION II - TENANT ONLY – Email: \_\_\_\_\_

***AN AUTHORIZATION LETTER FROM THE STOCKHOLDER MUST BE ATTACHED.***

Head of Household: \_\_\_\_\_  
Print Name Signature

List all household members: \_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_

#### EMERGENCY NUMBER(S) DURING THE HOURS OF 12:00 TO 6:00 P.M.

Name: \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_

---

### SECTION III - OFFICE USE ONLY

Current Service Verification Statement on file (y/n) \_\_\_\_\_

I.D.# \_\_\_\_\_ Issued on \_\_\_\_\_ by mail/ in person

Information verified and Swim ID Pass issued by: \_\_\_\_\_