

**SEVILLE RO ASSOCIATION, INC.
OWNER OCCUPIED FOB FORM**

Name(s): _____

Mailing Address: _____

Building Number: _____ **Unit Number:** _____

Phone: _____

Email: _____

By signing below, I attest that I am the deeded owner of the property at the above address, and that I have acknowledged receiving and reading the RO Rules and Regulations published in 2024.

PRINT NAME: _____

SIGNATURE: _____

To receive Access Key Fob, hand deliver this form along with a copy of your driver's license to RO office drop slot or mail to: (You will be contacted for pick up).

**Seville RO Association, Inc.
2640 Seville Blvd.
Clearwater, FL 33764**

**You may also email this form to: Sevillero2025@gmail.com
For more information, please call 727 669-6309.**

FOB NUMBER ISSUED: _____

DATE ISSUED: _____