

**Bridgewater at Bayside Lakes  
Owner/Information Form**  
c/o Avria Community Management, LLC  
P.O. Box 560099  
Rockledge, FL 32956

**This form needs to be completed by all resident homeowners or the occupant tenants:**

The information below will be used to determine who is living in the residence and who is permitted to enter the community without further verification. Your local telephone number will be used at the Call Box at the Entrance Gate. All information will be kept confidential and is intended only for the purpose described.

**As your information changes, it is your responsibility to notify the Bridgewater at Bayside Lakes Homeowners Association, Inc. c/o Avria Community Management. Not doing so, will merely create delays and confusion for you and your visitors.**

\_\_\_\_\_  
(Please Print)

HOMEOWNER/TENANT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

List of very frequent visitors who are permitted automatic entry...family, friends, yard, and pool cleaning services etc.:

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
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7. \_\_\_\_\_  
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8. \_\_\_\_\_  
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**PLEASE RETURN THIS COMPLETED FORM TO MANAGEMENT AT THE ADDRESS ABOVE OR AT [BRIDGEWATER@AVRIACAM.COM](mailto:BRIDGEWATER@AVRIACAM.COM). THANK YOU!**