

Condo # _____

Lake Barrington Shores Permanent Visitor Access List

Please add names of Family, Close Friends, Health Care Professionals, Maids, Contractor, etc. that you give permission to 24 Hour Access to Lake Barrington Shores and then circle the type of visitor to the right.

Any visitors that are not listed below please contact the Main Gate prior to their arrival at 847-381-6515.

Changes made to the Permanent Visitor Access List must be made in person, at the Lake Barrington Shores Management Office.

Resident's Name _____

Resident's Address _____

Resident's Telephone Number(s) _____

Resident's Email: _____

1. _____ Family / Friend / Health Care / Service / Contractor
2. _____ Family / Friend / Health Care / Service / Contractor
3. _____ Family / Friend / Health Care / Service / Contractor
4. _____ Family / Friend / Health Care / Service / Contractor
5. _____ Family / Friend / Health Care / Service / Contractor
6. _____ Family / Friend / Health Care / Service / Contractor
7. _____ Family / Friend / Health Care / Service / Contractor
8. _____ Family / Friend / Health Care / Service / Contractor
9. _____ Family / Friend / Health Care / Service / Contractor
10. _____ Family / Friend / Health Care / Service / Contractor
11. _____ Family / Friend / Health Care / Service / Contractor
12. _____ Family / Friend / Health Care / Service / Contractor
13. _____ Family / Friend / Health Care / Service / Contractor

I understand that I am responsible for any damage to Lake Barrington Shores or personal property caused by the individual(s) named above. I will assume responsibility to notify the Management Office in writing when any of the above are to be deleted from the list.

SIGNATURE _____ DATE: _____