

Request for Electronic Pass for Non-Residents of Carolina Trace

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|
| Resident Requesting Non-Resident E-Sticker Purchase: | | Date of request |
| | | |
| Address: | Phone Number | Email address |
| | | |
| Name of applicant for new sticker | Relation to resident | Applicant's driver's license # |
| | | |
| Applicant's address | | Email address-Phone number |
| | | |
| Frequency of visits | Services provided | |
| | | |
| Reason for requesting pass | | |
| | | |
| I understand this pass is a convenience and not a right, this pass may be revoked at any time by either the Sponsor or the Security Committee for any reason | | |
| Signature of Resident | | Signature of Applicant |
| | | |
| Approval status | Date Pass issued | Signature of Security representative |
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