

APPLICATION TO APPOINT AUTHORIZED AGENT FORM

To be signed and notarized by Property Owner

Application fee to appoint an Authorized Agent \$100.00 please submit with application. Additionally, a fee of \$25.00 per individual to perform a background check must also be provided at the time of application. Approval or denial will be issued within 20 days from the date of receipt of the application.

Property Owner Requesting Authorization: First: _____ Last: _____

Briarwood

Property Address: # _____ Street name: _____

Mailing Address: # _____ Street: _____

City: _____ State: _____ Zip _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-mail address: _____

Repeat Email Address: _____

Requested period from ____/____/____ to ____/____/____ Authorization automatically terminates at the end of requested period with a maximum of 12 months. After 12 month period you must reapply and submit new application and fee.

Authorized Agent: First : _____ Last : _____

Company Name: _____ **Years at current location:** _____

Address: # _____ Street: _____ Suite # _____ City: _____ State: _____

Office Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

E-mail address _____

Occupational License Number: _____ County

Professional License (if applicable): _____ State: _____

Driver's License #: _____ State: _____

Authorized Agent SS# _____ - _____ - _____

Have you ever been convicted of a crime? Yes No

If yes please explain: Date Convicted: _____ Charge: _____ State

(Circle one) **Parole:** Active Completed **Probation:** Active Completed

Detailed Explanation: _____

Professional References: 1) First name : _____ Last: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ - _____ - _____ Relationship: _____

2) First name : _____ Last: _____

Address #: _____ Street: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ - _____ - _____ Relationship: _____

Please submit completed applications to the BPOA mailing address:

**BPOA
335 Skelly Road
Naples, FL 34104**

Entry to Briarwood is a privilege. Applicant and Authorized Agent understand and agree that the BPOA Board can terminate any lease or authorized agent for breach of Association rules and deny access.

MUST BE COMPLETED BY OWNER

Owner Signature: _____ (Must be notarized)

Print Name: First: _____ Last: _____ Date: ____/____/____

TO BE COMPLETED BY NOTARY

Application was subscribed before me this ____ day of _____, 20____
By _____, who is personally know to me or produced _____ as
identification, and who stated upon oath or affirmation (circle one) that he/she has read this application, that
the information and statements are true

Notary Public

Printed, typed, or stamped

Disclaimer:

Owner and attached agent understand it is the current intent of the BPOA Board of Directors to provide this Authorized Agent process as a convenience to the Briarwood homeowner's and BPOA reserves the right, in its sole and absolute discretion, to approve and terminate authorized agents at any time for any reason the BPOA determines is appropriate.

OFFICE USE ONLY

Approved by: _____ Denied: _____

Date of approval: ____/____/____

Period of approval: ____/____/____ to ____/____/____

