

# Indian Wells (MSTU) Access Request Form

Property Owner(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Each owner will receive one key fob. By signing below, you are stating that you will abide by all posted rules.

As the owner of the property, I authorize Osceola County to release my recreation area key to:

Renter / Lease Holder's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

When this form is signed by the owner, and reviewed by Special Assessments, the recreational facility key fob will be activated.

**Osceola County Special Assessments**

Indian Wells (MSTU) Key Request

1 Courthouse Square, Suite 2100

Kissimmee, FL 34741

407-742-1800

[servicefee@osceola.org](mailto:servicefee@osceola.org)

OFFICE USE ONLY

Date Processed: \_\_\_\_\_ Access Request Processed By: \_\_\_\_\_

Key Fob ID: \_\_\_\_\_