

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.

Owner's Signature: _____

Printed Name: _____
(If different from owner above)

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

OFFICE USE ONLY _____

Date Processed: _____ Access Request Processed By: _____

Key Fob ID: _____