

ROYAL OAKS RCOA

RESIDENTIAL EMPLOYEE DECAL REQUEST FORM

DECAL ISSUED: _____

DATE ISSUED _____

PRINTED NAME: _____

POSITION / TITLE: _____

EMPLOYEE ADDRESS: _____

EMPLOYEE PHONE: _____

HIRE DATE: _____

EMPLOYEE VEHICLE: _____
MAKE, MODEL, COLOR, AND LICENSE PLATE NUMBER

VEHICLE EZ TAG NO: HCTRA _____

RESIDENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

EMPLOYER SIGNATURE: _____

IDENTIFICATION: Please attach a copy of employee drivers license.
A recognizable photo is required - enlarge and lighten copy as needed.

INSURANCE: Please attach a copy of evidence of auto insurance.

I, the Residential Employee, agreed to comply with all security policies and procedures of the Royal Oaks community and understand that failure to do so will result in the revocation of the decal.

Employee Signature

Date

PLEASE SUBMIT FORM AND A \$20 CHECK, MADE PAYABLE TO ROYAL OAKS RCOA,
TO THE ADDRESS FOUND BELOW
2500 Wilcrest, Suite 300
Houston TX 77042