

Captiva Home Owners Authorization Letter

Fill in the required information and drop off, mail or fax to:

Captiva Resident Sheriff Deputies

c/o Captiva Fire Control District

P.O. Box 477

Captiva, FL 33924.

(239-472-0247)

I authorize the following people: (please include name & phone number if available)

To check my home at _____

Property Name _____

After returning from an evacuation of Captiva. I understand that (this/those) people will separately acquire hurricane passes to gain entry in a timely way to Sanibel and Captiva.

Thank you,

Signature

Date

Name (Please Print or type name and address)

Address

Telephone numbers (during hurricane season)

Email