

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.
Fax: 239-472-0247

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

To check my home at _____ 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 _____

Address _____

Telephone numbers (during hurricane season) _____