



GATE INFORMATION CHANGE REQUEST FORM

Instructions: Please print all information clearly. All information is required to process this request. Leave completed form with resident manager. Gate inputs are usually completed on the weekend following submission, however it can take longer.

Initial Input for a New Owner: . Change for Existing Owner: .

If New Owner, previous owner's last name: _____

Key Card #s _____, _____

Opener #s: (Lukini) _____, _____

Key Card Request: Additional (total of 4 max) , Replacement .

Deposit Received by: _____ Date, _____

Card # (s) Issued: _____, _____

Name of Person Making the Request: _____

Owner of Property (leave blank if same): _____

Lot Number: _____. Address: _____

Information Requested For Gate Display

Name at Display: _____

Phone Number to be dialed by Gate (must be local):

(808) _____. Check Here if Cell Phone: .

Resident Manager's Verification of information: _____

Computer Entry

Entered By: _____. Date: _____

Resident Manager File Date: _____