

# The Homeowners' Association of Avalon Village, Inc.

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## Gate/Code/Maintenance Information Form

Please print clearly

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone Number for Gate System:** \_\_\_\_\_

(No long distance numbers, please)

**Gate Code:** \_\_\_\_\_

(Must be 6 digits only)

**If someone other than the owner of record will be residing in the property, please provide this information below.**

Tenant's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

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### **For Office Use Only**

Remote(s) Sent: \_\_\_\_\_

Date Given to Homeowner: \_\_\_\_\_

By: \_\_\_\_\_

