



ACCESS CONTROL DATA & MAIL PREFERENCE FORM

PLEASE CHECK ONE: OWNER RENTER

Lot # _____ Street address: _____

RESIDENT ACCESS

Two gate remotes have been issued to each lot owner- if you require more remotes they are \$60 each. Each resident of a lot who intends to use the gates must be issued a remote. Manually pushing the gates is not allowed and a fine will be imposed. You may assign any domestic phone number (house, office or mobile) to the access control and use that phone to open the gates remotely for a guest or yourself.

GUEST ACCESS

Guests will look for your name on the directory and press the corresponding number - the system will dial the number you provide below. The access control phone number (509-7089) will appear on your phone when someone calls from the gate, press '6' on your phone to open the gate.

Enter the name you want on access directory (up to 13 characters): _____

Enter the telephone number you want the access control to dial: _____ -- _____ -- _____

Indicate your remote preference below (serial number provided by HOA)

User information - please indicate if the person is a RESIDENT or GUEST by checking the appropriate box below

Name 1: _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> GUEST	<input type="checkbox"/> VISOR or <input type="checkbox"/> KEYCHAIN
Vehicle 1: _____		Serial number: _____
YEAR MAKE MODEL COLOR TAG # STATE		
Name 2: _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> GUEST	<input type="checkbox"/> VISOR or <input type="checkbox"/> KEYCHAIN
Vehicle 2: _____		Serial number: _____
YEAR MAKE MODEL COLOR TAG # STATE		
Name 3: _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> GUEST	<input type="checkbox"/> VISOR or <input type="checkbox"/> KEYCHAIN
Vehicle 3: _____		Serial number: _____
YEAR MAKE MODEL COLOR TAG # STATE		
Name 4: _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> GUEST	<input type="checkbox"/> VISOR or <input type="checkbox"/> KEYCHAIN
Vehicle 4: _____		Serial number: _____
YEAR MAKE MODEL COLOR TAG # STATE		
Name 5: _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> GUEST	<input type="checkbox"/> VISOR or <input type="checkbox"/> KEYCHAIN
Vehicle 5: _____		Serial number: _____
YEAR MAKE MODEL COLOR TAG # STATE		
Name 6: _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> GUEST	<input type="checkbox"/> VISOR or <input type="checkbox"/> KEYCHAIN
Vehicle 6: _____		Serial number: _____
YEAR MAKE MODEL COLOR TAG # STATE		

Six individual names and or vehicles can be registered under one directory name. Additional entries require a 'Sub-directory' which has a fee of \$35 plus any additional gate remotes. Please fill out a separate form and write 'SUBDIRECTORY' at the top.

MAILING PREFERENCES FOR OFFICIAL HOA CORRESPONDENCE (no solicitations; your email will only be shared with the Board and relevant committees)

In an effort to control costs and provide timely correspondence to our residents the HOA would like to send any official correspondence to an email address instead of through the postal service - except where may be required by law or HOA Declarations and Covenants. Please indicate your preferences below.

YES / NO Financial correspondence: APPLIES TO OWNER ONLY - Any HOA dues statements or other financial information not required by law or HOA regulations to be sent via US Postal Service may be sent to my email address and I understand that I am responsible for notifying the HOA of any changes to this address.

YES / NO Other HOA correspondence: MAY APPLY TO OWNER AND RENTER - Any HOA general information not required by law or HOA regulations to be sent via US Postal Service may be sent to my email address and I understand that I am responsible for notifying the HOA of any changes to this address.

Please clearly print the email address you wish to have the above correspondence sent to: _____

Adult resident responsible for information provided above please sign below:

Name _____ Signature _____ Date _____

HOA use only: Data input by: _____ Date _____