

# PH&L Community Association

C/O Seabreeze Management Company  
6400 Playa Vista Dr Second Floor  
Playa Vista, CA 90094  
800-232-7517

## OWNER AND RESIDENT CONTACT INFORMATION FOB & KEY REQUEST FORM

Our Community includes complex components which affect the safety and comfort of all residents. It is important that we have the following information in an emergency such as a plumbing or fire life safety system issue. This form must be completed in full and signed by an Owner of record before any access devices will be activated. Further, this information must be updated or verified at the request of the Association at any time in accordance with the Association's Rules and Regulations related to fire life safety systems. The Association will not disclose any of your personally identifiable information except when we have your permission or the Association determines in good faith the law requires it

Unit No / Street Address: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete the following for the Owner(s):

Owner Name(s): \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Mailing Address (continued): \_\_\_\_\_

Owner Phone Number. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Alternate: \_\_\_\_\_

Owner(s) e-mail address(es): \_\_\_\_\_

### Complete the following if the Home is not Owner Occupied:

Tenant Name(s): \_\_\_\_\_

Tenant Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Alternate: \_\_\_\_\_

### Off-Site Emergency Contact Who has Access to Home in an Emergency Info (if Home is Owner Occupied)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

**Vehicle Information (Lofts Residents Only):** Assigned Parking Space Numbers: \_\_\_\_\_ and \_\_\_\_\_

Vehicle No. 1 Type: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Vehicle No. 2 Type: \_\_\_\_\_ License Plate No. \_\_\_\_\_

**Number of Fobs (\$25.00) \_\_\_\_\_ Number of Transponders (\$50.00) \_\_\_\_\_ Update Phone Directory (\$5.00) \_\_\_\_\_**

### Fob Information (to be completed by PMP):

Gate Access Fobs: \_\_\_\_\_ and \_\_\_\_\_ Garage Transponders: \_\_\_\_\_ and \_\_\_\_\_

Sent to Board Member for activation on \_: \_\_\_\_\_

*Verify that the above information is complete and accurate and that the above person(s) reside at said property. Occupancy information must be submitted to the management company within ten (10) days of renting/leasing of unit. Property owners are responsible for the actions of their tenants and guests.*

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

PH&L Transponder/Fob/Key/Directory Form

1. Loft Unit Number or Park Home Address:	
2. Owner Name(s):	
3. Tenant Name(s) if applicable:	
4. Number of new garage transponders requested:	
5. New transponder serial number(s):	
6. Number of new fobs for pedestrian gates requested:	
7. New fob serial number(s):	
8. Number of new common area keys requested:	
9. Number of new bike room keys requested:	
10. New name(s) and phone number(s) for call box:	
11. Serial numbers of any transponders/fobs/keys that are lost or not functioning:	
12. Defunct name(s) and phone number(s) for call box:	
13. Total amount paid (\$50/transponder; \$25/fob; \$5/key; \$5/change in phone directory):	
14. PMP---indicate type of identification provided and that identity has been verified:	

I, \_\_\_\_\_ hereby certify that the information provided herein is true. Any lost transponders, fobs, or keys have been reported, with serial numbers provided to the best of my knowledge.

Any defunct names and phone numbers for the call in box have been disclosed to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date