

GATE INFORMATION CHANGE SHEET

(Please print legibly or type)

COMMUNITY NAME: TURTLE CAY MASTER ASSOCIATION, INC

OWNER PIN# _____ TENANT PIN# _____ Email _____

OWNER NAMES _____

PROPERTY ADDRESS _____

If mailing address is not the same as the property address, please submit in writing the alternate mailing address

HOME PHONE NUMBER: _____ SECONDARY _____

TENANT INFORMATION

TENANT/RENTER'S NAMES _____

LOCAL HOME PHONE NUMBER: _____ SECONDARY _____

(THIS NUMBER IS THE NUMBER THE GATE WILL CALL TO CONTACT YOU- IT MUST BE LOCAL)

OTHER/SECOND PHONE NUMBER _____

VEHICLE INFORMATION Make: _____ Model: _____

Year: _____ Color: _____ License Plate number: _____

VEHICLE INFORMATION Make: _____ Model: _____

Year: _____ Color: _____ License Plate number: _____

VEHICLE INFORMATION Make:: _____ Model: _____

Year: _____ Color: _____ License Plate number: _____

LIST ALL RESIDENTS/OCCUPANTS OF THIS PROPERTY,(OWNERS OR TENANTS)

PERMANENT GUEST LIST AS OF THIS DATE:

THE RESIDENT WILL NOT BE CONTACTED FOR ANYONE LISTED BELOW TO ENTER THE PROPERTY. THIS LIST SHOULD INCLUDE LAWN MAINTENANCE, PEST CONTROL, HOUSE KEEPING, OTHER VENDORS AND GUESTS YOU EXPECT TO VISIT ON A REGULAR BASIS.

ANYONE NOT LISTED ABOVE WILL BE DELETED FROM THE PERMANENT GUEST LIST. THIS LIST REPLACES ALL PREVIOUS LISTS

Property Owner's Signature Required _____ Date _____

Tenant's Signature if applicable _____ Date _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL NOT BE ACCEPTED. NEW RESIDENTS MUST PROVIDE PROOF OF RESIDENCY.

Please mail in or fax it to 561-845-5351

OFFICE USE ONLY

RECEIVED BY:

DATE RECEIVED:

FAXED BY: