

**SHADY CANYON COMMUNITY ASSOCIATION  
HOMEOWNER ACCESS GATE INFORMATION FORM**

DATE SUBMITTED \_\_\_\_\_

COMMUNITY \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

LOT NO. \_\_\_\_\_

OWNER(S)  
NAME: \_\_\_\_\_

TENANT(S)  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street

ADDRESS: \_\_\_\_\_  
Street

City State Zip

City State Zip

TELEPHONE: ( ) \_\_\_\_\_ HOME

TELEPHONE: ( ) \_\_\_\_\_ HOME

( ) \_\_\_\_\_ WORK

TELEPHONE: ( ) \_\_\_\_\_ WORK

DRIVERS LICENSE: \_\_\_\_\_  
State Number

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State Number

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State Number

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State Number

ADDITIONAL RESIDENTS (i.e. children, relatives): \_\_\_\_\_

**VEHICLE IDENTIFICATION:**

MAKE	MODEL	YEAR	LICENSE PLATE	REGISTERED OWNER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*(If not owner or tenant, attach proof of registration)*

**ACCESS ITEM REQUEST:**

\_\_\_\_\_ Transponders (only issued to vehicles registered to the home, first 2 free, \$55.00 each thereafter):  
\_\_\_\_\_ Pool Keys (First 4 free, \$25.00 each thereafter):

# Needed \_\_\_\_\_ Amount Due \$ \_\_\_\_\_  
# Needed \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

(Check payable to Shady Canyon Community Association for total due must accompany this form.)

Total Enclosed \$ \_\_\_\_\_

**PERMANENT GUESTS:**

Please list those people who are to be granted automatic entry without a prior call to your home. (i.e. family, domestic help, gardener, pool service, etc.)

NAME	RELATIONSHIP/COMPANY	TYPE OF SERVICE	RESTRICTIONS (If applicable)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

*(Use reverse side if need more room.)*

**GUARD AUTHORIZED TO CALL:** \_\_\_\_\_ A.M. TO \_\_\_\_\_ P.M. \_\_\_\_\_ Day(s) of the Week

**PASSWORD:** \_\_\_\_\_ (This will be used to verify when phone call is received for gate attendant to verify the person on the phone is the owner. If left blank, you will be unable to give direction to the guard over the phone.)

MANAGEMENT USE ONLY					
Sticker No.	Date Issued	Remote Control No.	Check Received	Date Issued	Date Completed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Prog Trans \_\_\_\_\_  
Sentex Input \_\_\_\_\_  
D/B Input \_\_\_\_\_  
H/OLtr/Nform \_\_\_\_\_