



GATE SECURITY INFORMATION – RESIDENT DATA FORM

OWNER: _____ **TENANT:** _____

Please select your personal 5 digit identification (pin) number: _____

*Pin number may not: start with zero, be greater than 65000, consecutive numbers such as 12345

NAME: _____

ADDRESS: _____ **LOT #:** _____

PHONE NUMBER: _____ **PHONE NUMBER 2:** _____

EMAIL(S): _____

EMERGENCY CONTACT – Person has a key to your residence

NAME: _____ **PHONE NUMBER:** _____

OCCUPANTS LIVING AT THE ABOVE LISTED ADDRESS – Please provide last name, first name & relationship

_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZED VISITORS – Please provide last name, first name and if they are service personal. All other visitors can be added through gateaccess.net, as needed.

_____	_____
_____	_____
_____	_____
_____	_____

**Please return this completed form to the property manager as soon as possible, or during your interview.
Property Manager – Meagen Cutchens – mcutchens@grsmgt.com**