

PALMA VISTA HOMEOWNERS ASSOCIATION

GATE AND SECURITY FORM

OWNER: _____ TENANT/RENTER: _____

NAME(S): _____

ADDRESS: _____

MAIN PHONE NUMBER: _____

PHONE NUMBER: _____ PHONE NUMBER 2: _____

EMAIL(S): _____

OCCUPANTS LIVING AT THE ABOVE LISTED ADDRESS:

_____	_____
_____	_____
_____	_____

VEHICLES:

Make	Model	Year	License No.	State	Color	Decal
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

PERMANENT AUTHORIZED VISITORS:

_____	_____
_____	_____
_____	_____

Homeowner/Resident Signature

Date

Please return this form to the Property Manager, Ralston Dawes, at rdawes@grsmgt.com.