Estates of Garden Valley Homeowners Association, Inc.

GATE REMOTE REQUEST FORM

Last	First		М	
erty Address:				
Phone Number:	Email:			
Owner's Mailing	Address: (if different from above or	write "Sam	e as above'	")
Street Address	City		State	Zip
Will this remote	be used by a renter of your home? Y	es	No	_
	rovide us with the name(s) and cont			_
The pro	perty Owner is responsible for actio	ns of tonau	nts.	
.	perty owner is responsible for dello	IIS OF LETIAL		
	Renters Name:			
l	Renters Name:	First		М
l	Renters Name:	First		
Phone Number:	Renters Name:	First		
Phone Number: Signature of Property Owner	Renters Name: .ast Email:	First Date_		
Phone Number: Signature of Property Owner Signature of tenant	Renters Name: .ast Email:	First Date_ Date_		

*Remotes are processed Monday–Friday during regular business hours. Please allow up to one week for remote activation and delivery