

COUNTRYSIDE KEY HOMEOWNERS ASSOCIATION, INC.

c/o AmeriTech Community Management Inc.

GATE ACCESS / INFORMATION CONFIRMATION FORM

**THIS FORM IS ALSO AVAILABLE ONLINE AT WWW.COUNTRYSIDEKEY.ORG
COMPLETE INFORMATION IS NEEDED FOR THE NEW DOORKING GATE SYSTEM**

PLEASE PRINT:

Prior Owner Last Name:

Owner Information:

Name		Address		
Address (if not residing at Countryside Key)		City	State	Zip Code
Phone:	Cell:	E-mail:		

Tenant Information (if applicable):

First Name	M Initial	Last Name		
Phone:	Cell:	E-mail:		

First Name	M Initial	Last Name		
Phone:	Cell:	E-mail:		

Name as it should appear in Call Box - PRINT LEGIBLY

Last Name

First Initial

Telephone number in gate callbox (including area code) () _____ - _____

Controllers Already Assigned

YOU MUST LIST ALL KEY FOBs ASSIGNED TO YOU; ALL KEY FOB NUMBERS NOT LISTED WILL BE DEACTIVATED; IF YOUR KEY FOB NUMBERS ARE WORN YOU CAN REMOVE THE BATTERY AND FIND THE NUMBERS LISTED.

--	--	--	--	--

Owner Signature

Date