

Pottsburg Crossing Condominium Association
Resident Information Form

Date: _____ Unit: _____ Owner: _____ Tenant: _____
 (Check One)

Unit Owner Name:			
Phone:		Email:	
Tenant Name:			
Phone:		Email:	

Gate Information

Indicate the name and phone number to be programmed into the directory box. Only one (1) phone number may be programmed into call box for each unit.

Name to appear in directory box			
Number to program in directory box			
Devices (to be completed by management)			
Keycard/Remote #		Keycard/Remote #	
Keycard/Remote #		Keycard/Remote #	

Licensed Driver Information

Indicate the name and driver's license number of each resident in the unit.

Name		DL Number	
Name		DL Number	
Name		DL Number	
Name		DL Number	

Vehicle Information

Make	Model	Color	License Plate	Decal

I acknowledge receipt of the entrance gate devices listed above.

Signature _____ Date _____