

GATE ACCESS CONTROL CARDS/CLICKERS

Date Issued: _____

Name: _____

Name: _____

Address: _____

City: _____

State: _____

Bldg #- _____

Unit # _____

Phone #- _____

Cell # _____

Card #- _____

Card # _____

Clicker #- _____

Clicker # _____

Vehicle 1 Make and Model _____ Color _____ Year _____

License Plate Number _____ State _____

Vehicle 2 Make and Model _____ Color _____ Year _____

License Plate Number _____ State _____

Should the card be lost or damaged or stolen it can be replaced for the following fee:

Access Card: **\$30.00**

Clickers: **\$65.00**

Print name

Print Name

Sign

Sign

Date: _____

Date: _____