HAWTHORNE COMMUNITY ASSOCIATION

Gate Access Registration Form

Please complete this form and return it to Management. All information is required to register vehicles and gate access credentials.

Resident Information #1

Resident Name	
Resident Status	☐ Owner ☐ Tenant
Hawthorne Address	
Phone Number	
Email Address	
Fob Number(s) If Applicable	

Resident Information #2

Resident Name	
Resident Status	☐ Owner ☐ Tenant
Hawthorne Address	
Phone Number	
Email Address	
Fob Number(s) If Applicable	

Vehicle Information

Vehicle #1

Make	
Model	
Color	
License Plate Number	
Plate Issuing State	

Vehicle #2

Make	
Model	
Color	
License Plate Number	
Plate Issuing State	

Vehicle #3

Make	
Model	
Color	
License Plate Number	
Plate Issuing State	

Certification

I certify that the information provided above is true and accurate. I understand it is my responsibility to notify the Association of any changes to my contact information, vehicle information, license plate information, or gate access credentials.

Resident Signature	
Date	

Association Use Only

Date Received	
Received By	
Date Entered into System	
Entered By	

Transponder Assignment

Vehicle #1	
Vehicle #2	
Vehicle #3	