

STRAFFAN CONDOMINIUM BUILDING AND GATE SECURITY ACCESS FORM

OWNER'S NAME(S): _____

BUILDING NUMBER: _____ UNIT NUMBER: _____

I AM A NEW RESIDENT

PREVIOUS UNIT OWNER/RESIDENT'S NAME: _____

1. Did you RECEIVE GATE FOB(s) from the previous owner/resident? YES _____ NO _____ HOW MANY? _____
2. Do you need NEW GATE FOB(s)? YES _____ NO _____ HOW MANY? _____
--- NOTE: FOB(s) are \$45 per FOB
3. What is your preferred 4-digit ACCESS CODE? GATE _____ BUILDING FRONT DOOR _____
--- NOTE: you will enter a # prior to the 4-digits at the gate and building front door; the gate and building front door access codes may be the same or different; all new residents must select new codes for security
4. What PHONE NUMBER should the gate and building front door call? (_____) _____
--- NOTE: must be a 410 or 443 area code

I AM AN EXISTING RESIDENT

- I want to change the PHONE NUMBER in the GATE/DOOR from: _____ to _____
- I want to change the ACCESS CODE in the GATE from: _____ to _____
- I want to change the ACCESS CODE in the FRONT DOOR from: _____ to _____
- I need to REPLACE a gate FOB that is no longer working: HOW MANY? _____
--- NOTE: if you do not return the FOB that is no longer working you will need to pay \$45 per FOB to replace it
- I need to purchase ADDITIONAL gate FOB(s): HOW MANY? _____
--- NOTE: additional FOB(s) are \$45 per FOB
- Other: _____

TO BE COMPLETED BY STRAFFAN:

GATE FOB(S) ISSUED:

DATE ISSUED: _____ SERIAL NUMBER: _____ TR#: _____

DATE ISSUED: _____ SERIAL NUMBER: _____ TR#: _____

DATE ISSUED: _____ SERIAL NUMBER: _____ TR#: _____