



# Stonegate Community Association Access Control Information Sheet

Check One: OWNER \_\_\_\_\_ Date \_\_\_\_\_  
 RENTER \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Spouse

\_\_\_\_\_  
 Lot Address City/State Zip Code

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone Other Phone

\_\_\_\_\_  
 Alternate (Mailing) Address City / State Zip Code

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone Other Phone

**CODE WORD:** When calling Stonegate or Safeguard we will verify your identity by asking you for your code word.  
 Please choose a code word (maximum of 10 letters) and print it here.

\_\_\_\_\_

1. Please provide the names and telephone numbers of 2 persons we may contact in the event of an emergency and you are unavailable at home.

Name	Home Phone	Work Phone	Cell Phone

2. Children, relatives, and friends who have access to your home.

Name	Name	Name

3. Please list the names of firms and/or individuals who provide services and are authorized into your community whether you are home or not, during established vendor access hours (i.e. Mon-Sat from 7AM-4PM).

Name	Name
Maid	Other
Caretaker	Other
Landscaper	Other
Pool Service	Other
Exterminator	Other