

OFFICE USE ONLY
PORT _____

PORTOFINO BAY
Gate Entry Request/Change/Update

Owner's Information & Certification:

Property Address: _____
Mailing Address: _____
Last Name: _____ First Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Fax: _____ DL# _____ State _____

I certify that the below applicants are ___occupants ___tenants in my property. I understand that gate entry devices are not transferable & will notify the association within 3 days of any person vacating the property.

Signature _____ Date: _____

Directory Information: Home Phone: _____

(Phone number can not be a long distance number)

Last Name: _____ First Name: _____

Occupant/Tenant Information:

Last Name: _____ First Name: _____
DL# _____ State _____
Last Name: _____ First Name: _____
DL# _____ State _____
Last Name: _____ First Name: _____
DL# _____ State _____

Gate Transponders are \$20.00. Make checks payable to: Portofino Bay.

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TRANSPONDER #	_____	TRANSPONDER #	_____
TRANSPONDER #	_____	TRANSPONDER #	_____
TRANSPONDER #	_____	TRANSPONDER #	_____