

Gate Registration Agreement
EMAIL ACCESS FORM TO
AE@Alsopcompanies.com

OWNER / TENANT

NAME OF PROPERTY OWNER(S) OR TENANT(S) AND ALL PERSONS LIVING IN HOUSEHOLD: LAST/ FIRST

ADDRESS: _____

TELEPHONE: _____ FOUR DIGIT GATE CODE OF YOUR CHOICE: # _____

E-MAIL ADDRESS: _____

- _____ I would like ALSOP Property Management to mail access stickers to the address above.
- _____ I will pick up access stickers from ALSOP Property Management, 790 N Ponce de Leon Blvd,
Office hours: Monday-Thursday 9am-4pm, Friday 9am-3pm

Gate Code Instructions:

1. Guests, Vendors, Contractors can call you from the gate.
2. Press 9 to open the gate.
3. If you wish to reset the passcode: Contact Alsop Property Management, LLC at: 904-647-2619

MANAGEMENT ENTRY:	
Gate Sticker Number(s): _____	FOUR DIGIT GATE CODE: # _____

ACCEPTANCE:	
I acknowledge receipt of the Facility Gate Sticker identified above. I further acknowledge the waiver as set forth below and agree to its terms. I also understand that I am financially responsible for any, and all damages caused by me, members of my household, or my guests and invitees and all damages resulting from the loss or theft of my Gate Sticker.	
_____ Signature of Homeowner or Tennant	_____ Date

The undersigned agrees and acknowledges that the above information is true and correct. It is understood that User stickers are the property of the Evergreen Island at Silverleaf Homeowner's Association and are non-transferable except in accordance with the HOA's rules, policies and/or regulations. Nothing herein shall be considered as a waiver of the HOA's sovereign immunity or limits of liability beyond any statutory limited waiver of immunity or limits of liability.	
_____ Signature of Homeowner or Tenant	_____ Date

OFFICE USE ONLY	
_____ Date Received	_____ Date Entered in System

Replacement/Extra Sticker #: _____	Date: _____	Cash/Check #: _____	Staff Int.: _____
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In accordance with state law, the Association must have your permission to include your email address in the gate system for notification purposes. Your email address will remain confidential and will not be sold, shared, or provided to anyone, including other members of the community.

I hereby authorize ALSOP Property Management to use my email in the gate system: _____ (initials)

Name: _____ Date: _____

Phone: _____

Email address: _____

Thank you,
ALSOP Property Management
(904) 647-2619