

**Johns Island Homeowners Association**  
**Gate Registration Agreement**  
**EMAIL ACCESS FORM TO**  
**desk@alsopcompanies.com**

PLEASE CIRCLE ONE:            OAK GROVE                    COURTNEY OAKS                    COURTNEY CHASE

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, 112 N Ponce de Leon Blvd, Unit C  
Office hours: Monday-Thursday 9am-5pm, Friday 8am-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

**Note:** Amenity Center Key Fobs will allow access to the pedestrian gates.

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 Johns Island Homeowners HOA”) 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.: \_\_\_\_\_