

Delano Place Condo Owners Association

C/O VISION COMMUNITY MANAGEMENT
16625 S DESERT FOOTHILLS PKWY
PHOENIX, AZ 85048
(480) 759-4945 FAX (480)759-8683
EMAIL: DELANOPLACE@WEAREVISION.COM
GATE REMOTE REQUEST FORM

Amount of Remotes _____

Homeowner Name: _____ Date: _____

Property Address: _____ Lot/Unit #: _____

Phone Number: (_____) _____ - _____ Email: _____

Mailing Address (if different from property address for mailing of the key(s)):

(IF APPLICABLE)

Please note, remotes will not be released to tenants or management companies without written homeowner authorization on file.

Tenant Name: _____

Property Management Name/Address:

Phone Number: (_____) _____ - _____ Email: _____

HOMEOWNER ACKNOWLEDGEMENT

Remotes may be replaced at a cost of **\$60.00**.

(ONLY MONEY ORDER OR CHECK ACCEPTED - PLEASE MAKE PAYABLE TO Delano Place Condo Owners Association)

Signature of Person Receiving Remote: _____ Date: _____

(OFFICE USE ONLY)

Date: _____ Administrator: _____ Mailed Key / Homeowner Pick-Up (Circle One)
Check/MO # _____



DELANO PLACE DOORKING RESIDENT GATE INFORMATION

NAME (FIRST) _____ (LAST) _____.

PHONE# (INCLUDE AREA CODE) _____

NOTE: PRESS 9 ON TELEPHONE TO ALLOW A GUEST TO ENTER AFTER RECEIVING CALL FROM DIRECTORY. CELL PHONE MUST HAVE GOOD RECEPTION IN ORDER TO SEND SIGNAL TO OPEN. LIMITED SPACE IN DIRECTORY FOR NAME. IF MORE THAN ONE NAME/PHONE NUMBER, PLEASE FILL OUT ON A SECOND FORM. LAST NAME AND FIRST INITIALS WILL BE ENTERED TO BE VIEWED AT CALL BOX WITH AN AUTO ASSIGNED DIRECTORY NUMBER.

REMOTE OR CARD NUMBER(S) _____

NOTE: THIS IS THE 5 DIGIT NUMBER ON THE BACK OF YOUR REMOTE OR IN THE CORNER OF YOUR CARD. ON REMOTES, IT WILL GENERALLY BE IN DARKER PRINT THAN THE REST OF THE NUMBERS. IF THE STICKER ON THE BACK OF THE REMOTE IS RUBBED OFF, YOU WILL NEED TO OPEN UP THE REMOTE AND LOOK FOR THE NUMBER INSIDE. WE NEED THAT NUMBER TO ENTER THE REMOTE INTO THE SYSTEM.

DESIRED 4 DIGIT ENTRY CODE #

REMEMBER TO ALWAYS PRESS THE # SIGN BEFORE ENTERING YOUR 4 DIGIT CODE IN THE SYSTEM.

2ND CHOICE IF DESIRED CODE IN USE #

(FOR VISION, PLEASE FAX OR EMAIL COMPLETED FORM BACK TO SIGNATURE GATE SYSTEMS AND WELDING)

**NOTE TO RESIDENTS: ALL FORMS MUST GO THROUGH THE MANAGEMENT COMPANY FIRST.