



Island Lakes at Logger's Run

PIN #: _____ **SECURITY AUTHORIZATION FORM – GATE ACCESS**

Resident Name: _____ Phone: _____

Address: _____ Cell: _____

FAMILY/ADDITIONAL RESIDENTS

_____ Add/Delete _____ Add/Delete _____ Add/Delete

_____ Add/Delete _____ Add/Delete _____ Add/Delete

AUTOMOBILES REGISTERED TO THIS ADDRESS

Make/Model: _____ Year/Color: _____ Tag#/State: _____ Add/Delete

Make/Model: _____ Year/Color: _____ Tag#/State: _____ Add/Delete

Make/Model: _____ Year/Color: _____ Tag#/State: _____ Add/Delete

DOMESTIC/SERVICE VENDORS

Name/Company: _____ Schedule: _____ Add/Delete

Name/Company: _____ Schedule: _____ Add/Delete

Name/Company: _____ Schedule: _____ Add/Delete

Name/Company: _____ Schedule: _____ Add/Delete

EMERGENCY CONTACT INFORMATION

Contact: _____ Phone: _____ Add/Delete

Contact: _____ Phone: _____ Add/Delete

PERMANENT GUEST LIST

(Authorization calls will be made to Residents for all Guests, unless specified below)

Guest: _____ Add/Delete Guest: _____ Add/Delete

Guest: _____ Add/Delete Guest: _____ Add/Delete

Guest: _____ Add/Delete Guest: _____ Add/Delete

Guest: _____ Add/Delete Guest: _____ Add/Delete

Special Instructions: _____

Date

Resident Signature

ALL REQUESTS MUST BE FAXED OR MAILED TO TMG MANAGEMENT

(Note: It is the responsibility of the Resident to notify Security of any changes.)