## **SAN MARCOS COUNTRY CLUB ESTATES**

C/O Vision Community Management 16625 S Desert Foothills Pkwy Phoenix, AZ 85048 (480) 759-4945 Fax(480)759-8683 Email:sanmarcos@wearevision.com

## **GATE REMOTE REQUEST FORM**

Number of Remotes	
Homeowner Name:	Date:
Property Address:	
Phone Number: ()	Email:
Mailing Address (if different from property addre	ss for mailing of the remote(s):
(IF A	PPLICABLE)
Please note, remotes will not be released to	tenants or management companies without written
homeowner a	authorization on file.
Tenant Name:	
Property Management Name/Address:	
Phone Number: ()	Email:
Lost/Additional Remotes may be replaced at a co	ACKNOWLEDGEMENT ost of \$40.00 each (ONLY MONEY ORDER OR CHECK TO SAN MARCOS COUNTRY CLUB ESTATES)
Signature of Person Receiving Remote:	Date:
	(OFFICE USE ONLY)
Administrator:	Mailed / Homeowner Pick-Up (Circle One)
Date:	Check/MO #

TR- Code \_\_\_\_\_\_