

# THE CONCORDE HOMEOWNERS ASSOCIATION

C/O VISION COMMUNITY MANAGEMENT

16625 S. Desert Foothills Parkway

Phoenix, AZ 85048

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## GATE REMOTE REQUEST

(Please Print)

Homeowner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: 424 W Brown Rd Unit #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (If different from property address for mailing of the gate remote):

\_\_\_\_\_  
\_\_\_\_\_

**(If Applicable)**

\_\_\_\_\_ I would like to authorize the following Tenant/Property Manger to receive the gate remote.

Tenant Name: \_\_\_\_\_

Property Management Name/Address: \_\_\_\_\_

\_\_\_\_\_

### HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE REQUEST FOR THE GATE REMOTE FOR THE CONCORDE HOMEOWNERS ASSOCIATION.  
LOST/REPLACEMENT REMOTES CAN BE PURCHASED IN THE AMOUNT OF \$45.00 IN THE FORM OF CHECK OR MONEY ORDER.

(PAYMENT MUST BE PAYABLE TO THE CONCORDE HOA)

Homeowner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### (OFFICE USE ONLY)

Date Pick-up	Date Mailed	Check/Money Order #	Payment Amount	Remote TR #	Administrator Initials