Scottsdale Springs Condominium Association

C/O VISION COMMUNITY MANAGEMENT
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GATE DIRECTORY UPDATE FORM

Code Update for Homeowner

Homeowner Name: _____ Date:_____

Property Address: _____ Lot/Unit #: _____

Phone Number: (_____) _____-_____ Email: _____
***Phone number must be local for gate to dial.

Chosen Gate Code: _____ _____ _____ _____

(IF APPLICABLE)

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

Code Update for Tenant or Property Manager

Homeowner Name: _____ Date:_____

Property Address: _____ Lot/Unit #: _____

Phone Number: (_____) _____-_____ Email:_____
***Phone number must be local for gate to dial.

HOMEOWNER ACKNOWLEDGEMENT

Codes must not be given out to guests/vendors. Please have all guests and vendors use the gate's call box to request access.

Signature of Person Receiving Code: _____ Date: _____