

Greenfield Heights Homeowners Association, Inc.  
Gate Transmitter

Resident's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Lot: \_\_\_\_\_

Resident's phone: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

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

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**Office use only:**

Date completed: \_\_\_\_\_ Issued By: \_\_\_\_\_

Transmitter # ('s) \_\_\_\_\_

Please complete the required information below and return the form,  
either by fax: 480-759-8683 or by mail with check or money order for  
\$45.00 to: Greenfield Heights Homeowners Association, Inc.

VISION Community Management  
16625 S Desert Foothills Pkwy  
Phoenix, AZ 85048