

Summit Shadows Community Association

C/O VISION COMMUNITY MANAGEMENT
16625 S Desert Foothills Parkway
PH: (480) 759-4945 FAX (480)759-8683
Email: SummitShadows@wearevision.com
GATE DIRECTORY UPDATE FORM

PLEASE PRINT

___ Update for Homeowner

Homeowner Name: _____ Date: _____

Property Address: _____ Lot #: _____

First initial, Last Name: _____. _____

Phone Number: (_____) _____ (must be a local number for gate to dial)

Signature: _____

___ Update for Tenant

Tenant Name: _____ Date: _____

First Initial, Last Name: _____. _____

Phone Number: (_____) _____ (must be a local number for gate to dial)

Resident's Signature: _____

*** Please enter your desired gate code (Choose four (4) numbers and enter in the space provided below

Gate Code: ____ _

(Office Use Only)

Date completed: _____ **Administrator's Initials** _____