

Summit Shadows Community Association

16625 S. DESERT FOOTHILLS PARKWAY

PHOENIX, AZ 85048

(480) 759-4945 FAX (480)759-8683

Email: SummitShadows@WeAreVision.com

GATE REMOTE FORM

AMOUNT OF REMOTE(S) REQUESTING _____

Homeowner Name: _____

Date: _____

Property Address: _____

Lot/Unit #: _____

Phone Number: (____) _____ - _____

Mailing Address (if different from property address of where to mail the key(s)):

(If Applicable)

Tenant Name: _____

Property Management Name/Address: _____

HOMEOWNER ACKNOWLEDGE

I, HEREBY ACKNOWLEDGE THE REQUEST FOR THE GATE REMOTE FOR SUMMIT SHADOW. LOST/REPLACEMENT REMOTES MAY BE REPLACED AT A COST OF \$50.00 EACH.

Homeowner Signature: _____

Date: _____

Property Manager Signature: _____

Date: _____

(OFFICE USE ONLY)

Date: _____ Mailed Key / Date: _____ Picked-up Key Administrator Initials: _____

Check/MO # _____