

Roseheart Homeowners Association

1600 N.E. Loop 410, Suite 202
San Antonio, Texas 78259
(210) 829-7202 Office * (210) 829-5207 Fax
E-Mail: steve@ams-sa.com

VIRTUAL GUARD GATE INFORMATION FORM

(Please return form to Steve Brown at the address/fax/e-mail noted above)
(Submit ALL future changes to the Association IMMEDIATELY)

Effective Date: _____

PASSWORD: _____ (Homeowner chosen, but recommend password be different from one used on your home alarm system)

NOTE: Provide above password to those listed below as it will be used by the Intruder Alert Controller to authenticate individual requesting to have the Roseheart Gate opened.

If changing gate entry password, please provide old password for verification: _____

LAST NAME	FIRST NAME	SPOUSE
-----------	------------	--------

ADDRESS

HOME PHONE	CELL PHONE	OTHER/EMERGENCY NUMBER
------------	------------	------------------------

IMMEDIATE FAMILY AND GUESTS ALLOWED 24 HOUR ACCESS WITHOUT CALLING RESIDENT:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

CONTRACTORS USED ON A REGULAR BASIS – DAYTIME ACCESS ONLY, i.e Housekeeping service, yard service, etc.:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Attach additional pages if necessary
Recommend keeping a printed copy for your files.