



HOLIDAY CLUB

GATE ACCESS REQUEST FORM GATE REMOTE REQUESTS OR CHANGES TENANT GATE REMOTE REQUESTS CALL BOX DIRECTORY LISTING REQUESTS

Please use this form for Gate Remote Requests or Changes, Call Box Directory Listing Requests and Tenant Gate Remote Requests. *NOTE: If you lease your property, you are responsible for providing remotes to your tenants. Direct requests from tenants will be referred to you, the property owner.*

- Simply fill out the information below, then email the entire form, *as well as a Driver's License copy for each person receiving a gate remote (if applies)*, to the HLC Trust Inc. Board. Our email address is **HLCTrustInc@gmail.com**.
- Upon receipt, a Holiday Trust Inc. Board Member will contact you within three (3) business days regarding your request, any payment due and when you can pick up your remote(s) (if purchasing).
- Check or Money Order payable to "Holiday Trust Inc." are the only acceptable methods of payment.
- If receiving a gate remote(s), payment must be presented at time of pick up.
- All Requests and Payments received must be from the Property Owner.
- Check the battery in your remote device before purchasing a new remote! Batteries do require replacing from time to time.
- Please notify a Board Member immediately if a remote is lost or stolen so it can be deactivated.

GATE REMOTE REQUEST / TENANT GATE REMOTE REQUESTS

- New property owners are entitled to two (2) gate remotes per property at no charge. Additional remotes are available to purchase with Board Approval for \$40.00 each. Replacement of broken, non-functioning, damaged or lost remotes will cost \$40.00 each. Pricing is subject to change.
- New property owners who have received *existing* gate remotes from the prior property owner will need to transfer the remote information to your name. Please request within ten (10) days of your property closing to avoid deactivation. *We will require the 5-digit code for each remote. This is located inside the back cover of the remote device.*

- Any remote devices issued to Tenants will be deactivated on the Lease End Date you indicate below. If the Lease is extended or renewed, please notify the Board at least ten (10) days prior to the Lease End Date to avoid deactivation. If a new Tenant is installed after the preceding Lease End Date, you will need to complete this form with the *new* Tenant information.

CALL BOX DIRECTORY LISTING REQUESTS

Guests may use the Call Box at the gate for entry into the community, as well as delivery personnel, service providers and vendors. To utilize this option, you must add your name and phone number to the Call Box Directory. You will be assigned a 4-digit code that can be entered at the Call Box, which calls your cellphone for access permission. You may have up to two (2) names and phone numbers programmed into the Call Box Directory.

Your Guests/Visitors are your responsibility as the hosting resident. Tailgating through the IN gate and entering through the OUT gate is prohibited! The gate area is monitored by camera surveillance.

- Instruct your guests to call you through the Call Box.
- They can locate your name by scrolling through the A - Z Directory on the Call Box or you may give them your 4-digit code to enter into the keypad. (Note: Only your NAME will appear in the Call Box Directory, not your phone number.)
- The Call Box will call the phone number you provide in the form below.
- When you answer your phone, you will have speaker access to talk to the individual requesting entry.
- You may then allow access by pressing 5 on your phone keypad to open the gate, or press # on your phone keypad to deny access.

PROPERTY OWNER NAME MAKING REQUEST:
PROPERTY ADDRESS:
MAILING ADDRESS (IF DIFFERENT):
CONTACT PHONE:
EMAIL:
PROPERTY OWNER SIGNATURE:

GATE REMOTE REQUESTS OR CHANGES FORM
 TENANT GATE REMOTE REQUEST FORM
 CALL BOX DIRECTORY LISTING REQUEST FORM [Continued]

PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> NEW OWNER – NEW GATE REMOTES	TWO (2) PROVIDED AT NO CHARGE.
<input type="checkbox"/> NEW OWNER – TRANSFERRING EXISTING GATE REMOTE INFORMATION FROM PRIOR PROPERTY OWNER	QUANTITY: PROVIDE 5-DIGIT CODE(S) FROM EXISTING GATE REMOTES (LOCATED INSIDE BACK COVER OF REMOTE DEVICE).
<input type="checkbox"/> ADDITIONAL GATE REMOTES	QUANTITY: REASON FOR ADDITIONAL GATE REMOTES?
<input type="checkbox"/> TENANT GATE REMOTES	QUANTITY:
<input type="checkbox"/> REPLACEMENT GATE REMOTES	QUANTITY: PROVIDE 5-DIGIT CODE(S) FROM EXISTING GATE REMOTES (LOCATED INSIDE BACK COVER OF REMOTE DEVICE).
<input type="checkbox"/> CALL BOX DIRECTORY LISTING	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE

TENANT GATE REMOTE DEVICE REQUEST (Attach Copy of Driver License)

NAME OF TENANT(S):
ADDRESS (IF DIFFERENT FROM PROPERTY OWNER)
LEASE BEGINNING DATE:
LEASE END DATE:
TENANT PHONE NUMBER:
TENANT EMAIL:

CALL BOX DIRECTORY LISTING REQUEST

PROPERTY OWNER CALL BOX DIRECTORY INFORMATION
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/> I DO NOT WISH TO BE INCLUDED IN THE CALL BOX DIRECTORY
#1 NAME AS YOU WISH IT TO APPEAR IN THE CALL BOX DIRECTORY
PHONE NUMBER FOR CALL BOX TO CONTACT NAME #1
#2 NAME AS YOU WISH IT TO APPEAR IN THE CALL BOX DIRECTORY
PHONE NUMBER FOR CALL BOX TO CONTACT NAME #2
TENANT CALL BOX DIRECTORY INFORMATION
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/> I DO NOT WISH TO BE INCLUDED IN THE CALL BOX DIRECTORY
#1 NAME AS YOU WISH IT TO APPEAR IN THE CALL BOX DIRECTORY
PHONE NUMBER FOR CALL BOX TO CONTACT NAME #1
#2 NAME AS YOU WISH IT TO APPEAR IN THE CALL BOX DIRECTORY
PHONE NUMBER FOR CALL BOX TO CONTACT NAME #2

GATE REMOTE DEVICE REQUEST ORDER INFORMATION

Please complete a line item for *each* Gate Remote Device you are ordering/receiving. This information will be specific to each 5-digit remote device code assigned to you. **Each Driver receiving a remote device must provide a Driver License number and a copy of their Driver License.** (If more space is required, please use back of form).

<input type="checkbox"/> PROPERTY OWNER or <input type="checkbox"/> TENANT	
FIRST NAME	LAST NAME
PHONE NUMBER	DRIVER LICENSE #
RELATIONSHIP TO HOUSEHOLD <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER IF OTHER, PLEASE EXPLAIN:	
<input type="checkbox"/> PROPERTY OWNER or <input type="checkbox"/> TENANT	
FIRST NAME	LAST NAME
PHONE NUMBER	DRIVER LICENSE #
RELATIONSHIP TO HOUSEHOLD <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER IF OTHER, PLEASE EXPLAIN:	
<input type="checkbox"/> PROPERTY OWNER or <input type="checkbox"/> TENANT	
FIRST NAME	LAST NAME
PHONE NUMBER	DRIVER LICENSE #
RELATIONSHIP TO HOUSEHOLD <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> SPOUSE/PARTNER <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER IF OTHER, PLEASE EXPLAIN:	

GATE REMOTE REQUESTS OR CHANGES FORM
 TENANT GATE REMOTE REQUEST FORM
 CALL BOX DIRECTORY LISTING REQUEST FORM [Continued]

Please email this complete form (all pages) *including attachments* (Driver License copies) to Holiday Trust Inc. Board. Our email address is **HLCTrustInc@gmail.com**. If you have any questions regarding the completion of this form, please contact us by email and a Board member will reach out to assist you.

FOR HOLIDAY TRUST INC. USE ONLY

DATE REQUEST RECEIVED	<input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE
PROCESSED BY	DATE REQUEST PROCESSED
AMOUNT DUE	DATE PAYMENT RECEIVED
CHECK NUMBER	MONEY ORDER NUMBER
GATE REMOTE DEVICES ISSUED	
NAME	REMOTE #
NAME	REMOTE #
NAME	REMOTE #
NAME	REMOTE #
CALL BOX DIRECTORY LISTINGS	
NAME #1	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE
PHONE NUMBER	CALL BOX DIRECTORY CODE
NAME #2	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE
PHONE NUMBER	CALL BOX DIRECTORY CODE