



Monarch Beach Master Homeowners Association

GATE ACCESS FORM

DATE SUBMITTED _____
PROPERTY ADDRESS _____

PLEASE PRINT CLEARLY:

OWNER NAME(S): _____ TENANT NAMES: _____

ADDRESS: _____ ADDRESS _____

TELEPHONE: () _____ HOME () _____ WORK TELEPHONE () _____ HOME
() _____ WORK

PASSWORD: _____ (This will be used by the gate attendant to verify the identity of the caller when calling the gate for access authorization. If left blank you will be unable to give directions to the guard over the phone.)

ADDITIONAL RESIDENTS: (Please list residents living in home other than listed above)

VEHICLE IDENTIFICATION:

Vehicle 1

Decal: _____

Make _____

Model _____

Color _____

Lic# _____

Registered Owner _____

Vehicle 3

Decal: _____

Make _____

Model _____

Color _____

Lic# _____

Registered Owner _____

Vehicle 5

Decal: _____

Make _____

Model _____

Color _____

Lic# _____

Registered Owner _____

Vehicle 2

Decal: _____

Make _____

Model _____

Color _____

Lic# _____

Registered Owner _____

Vehicle 4

Decal: _____

Make _____

Model _____

Color _____

Lic# _____

Registered Owner _____

Vehicle 6

Decal: _____

Make _____

Model _____

Color _____

Lic# _____

Registered Owner _____

PRE-AUTHORIZED ENTRY: Please list those who are to receive automatic entry without a prior call to your home (i.e. family, domestics help, etc.)

NAME RELATIONSHIP/COMPANY TYPE OF SERVICE RESTRICTIONS (If applicable)

GUARD AUTHORIZED TO CALL _____ A.M. TO _____ P.M. _____ DAYS _____

Signature of (Owner or Tenant)

Print Name

Date