



GATE CODE APPLICATION

Date: _____

Owner Name: _____

Renter Name (if applicable): _____

CFHOA Address: _____

Alternate Address (if applicable): _____

Email address: _____ Phone Number: _____

Gate Codes should be between 4-5 numerical digits.

REQUESTED GATE CODE #1: _____

REQUESTED GATE CODE #2: _____

REQUESTED GATE CODE #3: _____

ALL REQUESTED GATE CODES ARE SUBJECT TO AVAILABILITY. IF ANY OF YOUR REQUESTED GATE CODES ARE NOT AVAILABLE, A GATE CODE WILL BE ASSIGNED TO YOU. YOU WILL BE NOTIFIED FROM OUR PROPERTY MANAGER, JOSH IF THERE ARE ANY PROBLEMS.

DISCLAIMER: ALL GATE CODES ARE SUBJECT TO CHANGE PERIODICALLY AT THE DISCRETION OF THE CFHOA BOARD OF DIRECTORS. AT THAT TIME NEW CODES WILL BE ASSIGNED TO RESIDENTS BY THE ASSOCIATION AND THE ASSOCIATION MANAGER WILL CONTACT YOU.

PLEASE RETURN THIS FORM TO JOSH@PHOENIXFLA@GMAIL.COM

Signature: _____

Date: _____