

ACCESS REGISTRATION FORM FOR TAMARRON

Resident's Name _____

Resident's Street Address _____ City: _____ Zip _____

Phone # (s) for Gate Access () _____ () _____
Home Daytime

Preferred Gate Code _____

Please forward this information to:

PCMI Gate Administration
c/o
Carolyn Beechly
carolyn.beechly@stservices.com
or
Aaron Simpson
aaron.simpson@stservices.com

If you prefer to fax, please fax to Carolyn's attention at 281-870-9170.

Authorization Signature: _____

INSTALLATION NOTE:

The vehicle gate opener should be located on the sun visor (driver side) or other suitable location in line sight with gate, **but out of direct sun.**

Please record the access card & transmitter numbers printed on each:

NAME	VEHICLE GATE OPENERS	E-Z TAGS

Called _____ App. _____ Input _____ Tran. _____ Card _____ Record _____