



Resident Information Form

Four Seasons EDH Address: _____

Homeowner Name: _____

Qualified Resident Name: _____

Is this home occupied by the owner? Yes/No

Is this home a rental? Yes/No

If a rental, is there a property manager? Yes/No.

If yes, please provide the property manager's contact information:

Registered Vehicle(s)

Make	Model	Color	Year

Assigned Gate Remote

Resident	Gate Remote

Display Last Name at Gate: Yes & Phone Number _____ or No _____

Pet(s)

Type	Breed	Name	Color

In Case of Emergency Contact

Name	Relationship	Phone #

REGISTERED VEHICLES The above referenced vehicles are the only vehicles registered to this property. I acknowledge that I have read, understand, and agree to comply with the Community Governing Documents and Community Rules and Regulations on Parking.

GATE REMOTES The above referenced Gate Remotes are the only assigned Gate Remotes registered to our property. I hereby authorize all other Gate Remotes registered to my residence and not disclosed on this form, to be deactivated. I understand that I will not be reimbursed for the cost of any Gate Remotes (\$25) or Lodge Fobs (\$15) I purchased to replace Gate Remotes or Lodge Fobs that were reported as lost, broken, or otherwise no longer usable, and I further understand that only HOA registered residents are permitted Gate Remotes.

Qualified Resident Signature

Date