Keyway Place

Gate Maintenance Information Form

Please print clearly

Date			
Owner Name:			
Owner address:			
City	State	_Zip	
Phone number to be u	ised gate:		
4 digit personal code _			
Gate Remote Serial Nu	umbers issued at closing (five	digits)	
If someone other than the information below.	he owner of record will be residi	ng in the propert	y, please provide this
Resident's Name:			
Property Address:			
**************************************	**************************************	********	*******
If No, did previous Owne	r turn over all remotes to New Ov	vnerYes	No
Please provide the previo	ous owner's information below so t	they may be remo	wed from the gate
Previous Owner's Name:_			
Gate Remote numbers:			
*****	*****	******	******
Company Holidays. In the	entered into the gate within 24 at event, it will be entered on the and gate code numbers by mail	next normal busi	ness day. You will be

notified of your directory and gate code numbers by mail. Each family will receive two remotes at no charge from the builder at closing. If you wish to make any changes to the information listed in the gate or have any issues with your code, or remotes please contact the Management Office at 941-870-4920.