

PROXIMITY CARD ENTRY FORM

Card Number: _____

Name: _____

Address: _____

Phone Number(s): _____

Additional Authorized Users:
(MUST BE REGISTERED IN OFFICE
AS AN OCCUPANT)

Name: _____

Name: _____

As a recipient of this card, I understand that I will be held responsible for any damages that I and/or my guests may cause. These cards are not transferable. As an honorable person, I will report this card lost and/or return it to the office upon my moving out or sale of property.

Signature: _____

Signature: _____

Date: _____