



L A K E ARROWHEAD

GATE DEVICE ORDER FORM

Gate access devices are being made available to all Lake Arrowhead homeowners to facilitate entry through the Security gates, and any future location requiring remote access devices. Should a property owner require additional devices, please use the form below to indicate that request. Property owners are responsible for the use of these devices, and allowing non-property owners to use a device may result in sanctions against the property owner. Should a device be lost or misplaced, please notify Lake Arrowhead Yacht and Country Club (membership@lakearrowheadga.com, 770.721.7912) so that the device may be deactivated. Additional cards and devices require an additional charge that will be applied to the property owner's account, and only accounts in good standing are entitled to order additional devices. Please return completed forms to the Lake Arrowhead administrative office at 486 Arrowridge, Waleska, GA 30183, membership@lakearrowheadga.com, or by fax 770.721.7909.

Property Owner Name: _____ Member ID: _____

LA Property Address: _____

List one Phone Number for the Call Box : _____

Quantity _____ Cards (\$19/each) = \$ _____

Quantity _____ Remotes (\$43/each) = \$ _____

Total = \$ _____

Name (persons using device)	Relationship to Property Owner
_____	_____
_____	_____

I, _____ (name) have read, understand and will abide by the responsibilities set forth on this form that are therefore attached to owning Lake Arrowhead gate access devices. I further agree to be responsible for the use of these devices and understand that violation of the Lake Arrowhead rules and regulations regarding device usage may result in sanctions as provided for in the Lake Arrowhead Yacht & Country Club rules and regulations.



_____ **Property Owner's Signature**

_____ **Date**

(For Office Use)			
List Card Codes Here:	# _____	# _____	# _____
List Remote Codes Here:	# _____	# _____	# _____
Payment Date: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Charge to Member Account
<input type="checkbox"/> Devices Issued in Person	<input type="checkbox"/> Hold for Pickup _____	<input type="checkbox"/> Activated	_____ Staff Initials
	Date		