

Botanica Lakes

IMPORTANT GATE HOUSE SECURITY INFORMATION

CHECK ONE: _____ OWNER _____ TENANT

RESIDENT NAME: _____ LOT # _____

ADDRESS: _____

#1 HOME PHONE: _____ #2 CELL PHONE: _____

E MAIL ADDRESS: _____

BUSINESS TELEPHONE: _____

EMERGENCY CONTACT: Person with keys to your residence: _____

Phone: _____

OCCUPANTS LIVING AT THIS ADDRESS

1. Last Name _____ First Name _____

2. Last Name _____ First Name _____

3. Last Name _____ First Name _____

AUTHORIZED VISITOR (LAST NAME, FIRST NAME)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Botanica Lakes

AUTHORIZED VENDOR

COMPANY NAME, TECHNICIAN NAME (IF APPLICABLE)

1. Cleaning Staff: _____
2. Pool Service: _____
3. Pest Control: _____
4. Other: _____
5. Other: _____
6. Other: _____

**PLEASE send completed form to the Management office at the clubhouse:
Either drop the form outside the management office in the locked drop box or Email:
BotanicaLakesHOA@resortgroupinc.com**

PLEASE NOTE!!

THIS SYSTEM WILL NOT BE OPERATIONAL UNTIL THIS FORM IS COMPLETED, RETURNED AND INPUTTED INTO THE SECURITY SYSTEM!