



Greer Ranch Community Association

Resident Information Form

Greer Ranch has implemented an access control program to provide for easy identification of residents and their visitors or guests, and issue vehicle permits. Complete the two page form accurately and clearly, sign and return it to the Onsite Office located at Everett's Place Clubhouse to register as a Resident of Greer Ranch Community. **Tenants must complete and submit copy of lease.**

Head of Household (primary contact for the home)

First Name: _____ Last Name: _____ Homeowner / Tenant

Homeowner Name: _____

Street Address in Greer Ranch: _____

Primary Phone (this will be your initial online login name) #: _____

Primary Email address: _____

Secondary Email address: _____ No Email Address

Other Residents (people that live in the home)

Please list all residents residing in the home; including family members or non-related individuals.

First Name	Last Name	Phone Number	Relation
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other:
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other:
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other:
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other:
			<input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Other:

Service Personnel

Please list contractors that need access, including daily workers, property management company and service type:

Company Name	Phone Number	Service Schedule	Service Type
			<input type="checkbox"/> Housekeeping <input type="checkbox"/> Pool / Yard Service <input type="checkbox"/> Child/Healthcare <input type="checkbox"/> Other:
			<input type="checkbox"/> Housekeeping <input type="checkbox"/> Pool / Yard Service <input type="checkbox"/> Child/Healthcare <input type="checkbox"/> Other:
			<input type="checkbox"/> Housekeeping <input type="checkbox"/> Pool / Yard Service <input type="checkbox"/> Child/Healthcare <input type="checkbox"/> Other:

Community Pool Access / Gate Pedestrian Key

(assigned by office)

Permanent Guest or Visitor List

(people that will visit your home that are not residents or service personnel)

Please list five (5) regular Visitors or Guests that frequent your home.

First Name	Last Name	Description (family, friend, etc)	Limitation on Access (Mon 9-5, only Tues, etc.)

Vehicle Information

Vehicle permits will only be issued in accordance with the Rules and Regulations, and are used to grant access without waiting.

Make	Model	Year	Color	License Plate #	Permit # (assigned by office)	Transponder # (assigned by office)

Health Information

Please list any health problems, with the respective person's name, that the Association should be aware of:

Problem:	Name:
Problem:	Name:

Pet Information (list all Pets at Residence)

Pet's Name	Breed	Description	License #

I hereby state that the information furnished above is accurate to the best of my knowledge, and that vehicle permits assigned to me will not be given to others. I authorize all people or companies identified on this form access to the community on my behalf and without notifying me. I understand that I (and/or the legal owner of the property) am responsible for all actions, violations or fines caused by anyone visiting me. I understand, agree and authorize this information to be used by the Association, its agents and patrol contractors and hold them harmless for its use. GateKey instructions will be given at registration for your access to make changes to above information.

Signed: _____ Dated: _____

For HOA Use Only:	Received on : _____ By: _____	<input type="checkbox"/> Entered Online On: _____	<input type="checkbox"/> Entered in Sentex On: _____	<input type="checkbox"/> Entered in Main System On: _____
-------------------	----------------------------------	--	---	--