



The Landings Management Association, Inc.

Main Gate Information Sheet

[If this form is being used to update existing data, you may indicate that data that has changed rather than completing the entire form. We do need the Owner Name(s) and Landings Address.]

Owner Name(s):

Use first names, initials and last names; not, for example, Mr. & Mrs. Jones

Landings Address:

Owner Phone(s):

Billing Address:

(if not The Landings address)

Principal E-mail:

(Optional)

Emergency

Contact:

(Optional)

Name:

Relationship:

Street:

City, State, Zip:

Phone:

Other Residence Address:

(Optional)

Street:

City, State, Zip:

If Leased:

Tenant Name(s):

Use first names, initials and last names, not, for example, Mr. & Mrs. Jones

Tenant Phone(s):

Lease Start Date: / /

Lease End Date: / /

Others in residence:

(indicate age if a minor)

Name

Age

Automobiles:

Make	Model	Color	Year	License Plate	State	Bar Code Number

**Residents are responsible for updating this information as necessary.
Please deliver to The Landings Main Gate .**

(over)

Main Gate Information Sheet (page 2)

Authorized Guests and Service Firms:

Indicate whether the name is a Guest (G) or Vendor (V). You may authorize admittance for guests (not vendors) without the gate requiring a Photo-ID by checking the No ID Required box. You may also specify that the Gate should Always Call to authorize entry by checking the Always Call box.

Name	(G)uest or (V)endor	No ID Required	Always Call
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**Residents are responsible for updating this information as necessary.
Please deliver to The Landings Main Gate.**

Received:	Entered:	By:
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