## GARDENS AT TERAVISTA

Please complete the following form to make changes to the access control system for Gardens at Teravista. Check the corresponding box and fill out all information so that we can best serve you while keeping access to the community controlled. Please remit competed form to:

Certified Management of Austin 101 River Hills Drive, Georgetown, TX 78628 Fax: 512-339-1317 • E-mail: frontdesk@cmaaustin.com

| Owner's First Name   | Last Name   |
|--|---|
| Property Address   |   |
| Home Telephone   | E-Mail Address  |
| ☐ Guest Directory (option)   |   |
| Include me in the guest directory (please circle one):   | YES NO  |
|  | (this is generally the telephone number at the residence) phone to let you talk with visitors and allow them access to the neighborhood |
| ☐ Entrance Gate Information (option)   |   |
| Family four Digit Code: first choice: second   | nd choice:  |
| Vendor four Digit Code: first choice: so | econd choice:actors or vendors (i.e. cleanings service, pool maintenance, etc.)   |
| □ Remote Opener Request  |   |
|  | t the code/serial number for each remote so we may update our   |
| Remote gate openers are available upon request for a fee of  | \$40.00 per opener.   |
| Quantity Desired:X \$40.00 = \$  |   |
| Include check or money order made payable to Gardens at  | Teravista.  |
|  |   |
|  |   |
| Signature (Owner)  |   |