



## Gate Access Request

*Please complete and return the requested information so we can better assist you.*

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Renter (If Applicable): \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4 Digit Personal Pin Code for Entrance Gate: \_\_\_\_\_

Number of Gate Remote Needed (1 free): \_\_\_\_\_

Additional Remotes (\$45.00 each): \_\_\_\_\_

**Thank you**  
**Essex Association Management, L.P.**

Essex Association Management, L.P.  
1512 Crescent Drive, Suite 112  
Carrollton, TX 75006  
Phone: 972-428-2030

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