

# GATEHOUSE GUEST LIST

**Homeowner**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Birchwood at Spring Lake HOA (Association) Gatehouse policies and procedures were designed to provide a logical and comfortable degree of controlled access to Birchwood with a minimum of inconveniences to you and your visitors. Since identification is required at the gatehouse all residents should obtain passes at the management office.

Please complete the below form for your **Permanent List** and return it to the on site management office. This list should be very selective and is usually restricted to a few people such as non-resident family members, health care aids, caretakers, and trusted cleaning or service personnel, etc. All other guests will be turned away from the gatehouse if you are not home to grant access.

Notify the management office *immediately* if there is any change to your Permanent list.

The people named below are permitted access to my home **whether or not I am home**.

Please put first and last names and their relationship to you:

Guest: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guest: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guest: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guest: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guest: \_\_\_\_\_ Relationship: \_\_\_\_\_

The following people reside at the above address:

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

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

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

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