



Resident Information Form

Please complete both sides and print in all fields

Address: _____

Home Phone: _____

The security system will identify your residence by the home phone number

Move in Date: _____

Mail Box #: _____

Resident Data

Please list all separately with home owner(s) first

Name	Description (Owner/Child/Other)	Birth Date	Employer / School	Work / Cell Phone #

Guest Data

Name	Relationship to Owner (Family, Friend or Type of Service Provider)	Days of Week Allowed M,T,W, TH,F,S,SU or ALL	Time of Day Allowed (Enter as a Range) Example: 9:00am – 5:00pm or 24 hours	Phone #

➤ List Vehicle Data and Additional Information on Back

Vehicle Data

Copy of vehicle registration with matching HHCCE address must be attached for all vehicles. If company vehicle, also attach business card. \$10.00 fee required for each barcode issued.

Year	Vehicle Manufacturer	Model	License Tag #	State	Barcode Assigned (Office Use)

Additional Information (Special Interests, Questions or Concerns)

Form Completed By (Please Print)

Email Address

Date

➤ Amount of check attached for each vehicle barcode: \$ _____

➤ Return this form with applicable check and copies to the Security Gate upon completion. The information will be entered into the system as soon as possible and you will be contacted to have your barcodes attached to your vehicle by the security committee.