



VERIFICATION OF OCCUPANCY

The Gates at Bouldercrest Unit Owners Association Inc.

IMPORTANT! MUST BE RETURNED WITHIN TEN (10) DAYS!

Date _____ Unit _____

Unit Owner and Occupant Information

Names: _____

Address for Business/Billing: _____

Telephones: Home: _____ Work: (1) _____

E-Mail Address: _____ (2) _____

Names of Person(s) Authorized to Live in Unit:

Entry Gate Info:

Last name first initial (Occupant 1) to be programmed into gate: _____

Last name first initial (Occupant 2) to be programmed into gate: _____

Telephone Number that gate will call (Occupant 1): _____

Telephone Number that gate will call (Occupant 2): _____

Four Digit Code: Occupant 1: _____ Occupant 2: _____

I attest that I am the Unit Owner identified above, that the information herein is true and correct, and that I will provide immediate updates as changes occur. I further attest that the persons listed above are authorized to use the unit, and that they are the only people so authorized.

Signed: _____

RETURN FORM TO:

DeAuna Addis, Beacon Management Services,
PHONE: 404-907-2112
FAX: 404-228-3303
EMAIL: daddis@beaconmanagementservices.com
MAIL: Gates At Bouldercrest UOA, C/O Beacon Mgmt. Svcs.,
6285 Barfield Road, Suite 150, Atlanta, GA 30328