



## VERIFICATION OF OCCUPANCY

**(For Owners, Spouses, Domestic Partners, and Roommates only, not applicable to Rentals;  
Rental Units must provide a Lease Agreement with Tennant information)  
IMPORTANT! MUST BE RE-SUBMITTED ANNUALLY!**

Unit No: \_\_\_\_\_

Date: \_\_\_\_\_

### Unit Owner and Occupant Information

Owner: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### Entry Gate Info:

Owner – Last name, first initial (to be programmed into gate): \_\_\_\_\_

Owner – Telephone Number (that gate will call): \_\_\_\_\_ Gate Fob TR# \_\_\_\_\_

Owner – E-Mail Address (for community updates): \_\_\_\_\_

Occupant 2 – Last name, first initial (to be programmed into gate): \_\_\_\_\_

Occupant 2 – Telephone Number (that gate will call): \_\_\_\_\_ Gate Fob TR# \_\_\_\_\_

Occupant 2 – E-Mail Address (for community updates): \_\_\_\_\_

Occupant 2 – Relationship to Owner: \_\_\_\_\_

Occupant 3 – Last name, first initial (to be programmed into gate): \_\_\_\_\_

Occupant 3 – Telephone Number (that gate will call): \_\_\_\_\_ Gate Fob TR# \_\_\_\_\_

Occupant 3 – E-Mail Address (for community updates): \_\_\_\_\_

Occupant 3 – Relationship to Owner: \_\_\_\_\_

I attest that I am the Unit Owner identified above, that the information herein is true and accurate at time of submittal, 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. **Providing false information shall be subject to a penalty fine of \$150.00.**

Signed: \_\_\_\_\_

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**RETURN FORM TO:** Melanie Ondruska, Beacon Management Services,  
PHONE: 404-907-2112, option 1, or 404-480-6207, option 1  
FAX: 404-228-3303  
EMAIL: mondruska@beaconmanagementservices.com  
MAIL: Gates At Bouldercrest UOA, C/O Beacon Mgmt. Svcs.,  
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