



Gate Directory Programming Form

RESIDENT CONTACT INFORMATION

OWNER \_\_\_\_\_ PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

PROPERTY STATUS: OWNER OCCUPIED \_\_\_\_\_ LEASED TO TENANT \_\_\_\_\_

OFFSITE BILLING ADDRESS (If Applicable): \_\_\_\_\_

REQUIRED PROGRAMMING INFORMATION

(THE INFORMATION BELOW IS REQUIRED FOR THE PROGRAMMING OF THE GATE DIRECTORY)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_
(Name that shall appear in the Directory) (Assigned phone number to receive / grant access to guests)

NEW OWNER \_\_\_\_\_ NEW TENANT \_\_\_\_\_ EDIT EXISTING OWNER \_\_\_\_\_ EDIT EXISTING TENANT \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(Must be executed by the Owner of Record / Title)

WHEN COMPLETE, PLEASE RETURN TO ACTION PROPERTY MANAGEMENT
2603 Main Street, Suite 500
Irvine, CA 92614
Fax 949-450-0303

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FOR INTERNAL USE ONLY

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(Submitted By)

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(Entered By)

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(Notification By)