

Security System Authorization Form

Pine Canyon HOA, PO Box 30520, Flagstaff, AZ 86003

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Please fill out this form in its entirety and return via the Pine Canyon website, email, mail, or fax. If you are mailing a check, make payable to Pine Canyon and send to the address above. New owners: please note that fobs cannot be issued until sale is final, and Hoamco's Escrow Dept. has received closing documents from your title company. If you require immediate access before sale is final, please include a copy of your recorded deed or title with this form. Questions? Please visit the Pine Canyon website; www.pinecanyonhoa.org.

First Name: _____ Last Name: _____

Lot No: _____ Pine Canyon Street Address: _____

Mailing address: _____

Email address: _____@_____.com

Telephone Numbers for Gate Directory (cell phone or land line, 2 numbers maximum)

Visitors can find you by last name in the directory. Pick up the call, speak to the caller for a moment, press 9 to allow entrance, and wait for the call to disconnect. Names must be the legal names of property owners. Email addresses cannot be duplicated and are required to complete set-up in the system.

Name: _____ Phone: _____ Email: _____@_____

Name: _____ Phone: _____ Email: _____@_____

Key Fob Access System - Please select an option below

Owners are entitled to two free fobs. Limit 5 fobs total per family. Fobs returned without legible numbers will not be refunded/replaced.

____ **New Owner** – I have received two fobs from the previous owner

____ **New Owner, No Fobs** – Your first two key fobs will be provided at no cost

____ **Owner** - Number of extra key fobs you would like to order (\$50 each): _____

____ I would like \$50 per fob added to my account. I authorize Hoamco to make this charge.

____ I am including a check with this form for \$50 per fob.

____ **Vendors & Realtors** - Number of fobs requested (\$50 each): _____

Owner's Signature

Date

This section is for Hoamco office use only

Fob 1: # _____ Hex# _____

Fob 2: # _____ Hex# _____

Date mailed: _____

Previous Owner's Name(s): _____

Fob 1 Hex #: _____

Fob 2 Hex #: _____

☐ Deleted key fobs from system

☐ Deleted phone numbers from system

☐ Fobs re-assigned to new owner's name (if applicable)

☐ Notes added to Caliber, form uploaded