

3 CANYONS RANCH HOA MEMBER GATE ACCESS REQUEST FORM

Note: Form will not be processed unless ALL information is provided.

Member Name: (Print) _____ Date: _____

Mailing Address: _____ State _____ Zip _____

Physical Address: _____ State _____ Zip _____

Email address: _____

Phone Number _____

Section Number: _____ Parcel Number: _____ (example: 104-01-050J)

ACCESS OPTIONS

_____ Access code - no charge _____ Remote(s) at \$40.00 each _____ Card(s) at \$5.00 each.

Total amount enclosed: \$ _____ (Check payable to 3 Canyons Ranch Master HOA)

Return this form with payment (if applicable) to:

3 Canyons HOA Gate Chair, PO Box 970, Hereford, AZ 85615.

For questions/concerns you can contact the gate administrator at: gates@threecanyonsranch.com

If no payment is required you may submit this form by email to: gates@threecanyonsranch.com

NOTE: Sharing your access code with non-members is a violation with potential fines.

You will also be assigned a 3-digit 'Visitor' code that will show in front of your name on the entry kiosks – entering that 3-digit code and pushing the round call button will allow you to receive a call from that gate and allow entry by entering 9 on your phone to open the gate. Not entering a 9 & hanging up will not allow entry if a visitor is not recognized.

Signature: _____ Date: _____

(Authorization indicates compliance with the Gate Guidelines as adopted by the Board of Directors.)

THE FOLLOWING IS FOR 3 CANYON GATE ADMINISTRATOR USE ONLY:

Member Access Code: _____ Visitor Code: _____ Date: _____

3 CANYONS RANCH HOA RENTER / TENANT GATE ACCESS REQUEST FORM

Note: Form will not be processed unless ALL information is provided.

Member Name: (Print) _____ Date: _____

Renter Name(s): (Print) _____

Member Mailing Address: _____ State _____ Zip _____

Renter Mailing Address: _____ State _____ Zip _____

Physical Address: _____ State _____ Zip _____

Member Email address: _____

Renter Email Address: _____

Member Phone Number _____

Renter Phone Number: _____

Section Number: _____ Parcel Number: _____ (example: 104-01-050J)

Return this form with payment (if applicable) to:

3 Canyons HOA Gate Chair, PO Box 970, Hereford, AZ 85615.

For questions/concerns you can contact the gate administrator at: gates@threecanyonsranch.com

If no payment is required you may submit this form by email to: gates@threecanyonsranch.com

NOTE: Sharing your access code with non-members is a violation with potential fines.

You will also be assigned a 3-digit 'Visitor' code that will show in front of your name on the entry kiosks – entering that 3-digit code and pushing the round call button will allow you to receive a call from that gate and allow entry by entering 9 on your phone to open the gate. Not entering a 9 & hanging up will not allow entry if a visitor is not recognized.

Signature: _____ Date: _____

(Authorization indicates compliance with the Gate Guidelines as adopted by the Board of Directors.)

THE FOLLOWING IS FOR 3 CANYON GATE ADMINISTRATOR USE ONLY:

Member Access Code: _____ Visitor Code: _____ Date: _____

3 CANYONS RANCH HOA CONTRACTOR GATE ACCESS REQUEST FORM
(MEMBER SPONSORED)

Note: Form will not be processed unless ALL information is provided.

Contractor Name: (Print) _____ Date: _____

Member Name: (Print): _____

Contractor Mailing Address: _____ State _____ Zip _____

Physical Address: _____ State _____ Zip _____

Email address: _____

Phone Number 1. _____ 2. _____

Return this form to 3 Canyons HOA Gate Chair, PO Box 970, Hereford, AZ 85615 or by email to:
gates@threecanyonsranch.com

NOTE: Sharing your access code with anyone not related to this specific contract is a violation with potential member fines. This code expires 1-year from issue date but may be extended upon request.

Signature: _____ Date: _____

(Authorization indicates compliance with the Gate Guidelines as adopted by the Board of Directors found at www.threecanyonsranch.com)

THE FOLLOWING IS FOR 3 CANYON GATE ADMINISTRATOR USE ONLY:

Contractor Access Code: _____ Date: _____

3 CANYONS RANCH HOA SERVICE PROVIDER GATE ACCESS REQUEST FORM

Note: Form will not be processed unless ALL information is provided.

Service Provider Name: (Print) _____ Date: _____

Contact Name: (Print): _____

Type of Service: _____

Mailing Address: _____ State _____ Zip _____

Physical Address: _____ State _____ Zip _____

Email address: _____

Phone Number 1. _____ 2. _____

____ I request an access code at no charge.

Access may be denied at any time if HOA Gate Policy, Procedures and Operations are not followed.

ALL gate codes are for a period not to exceed 2 years but may be extended upon request.

The 3 Canyons HOA Gate Policy, Procedures and Operations is located @ www.threecanyonsranch.com.

Complete this form and return to: 3 Canyons HOA Gate Committee Chair, PO Box 970, Hereford, AZ 85615
or by email to gates@threecanyonsranch.com

NOTE: Sharing your access code with anyone not related to this specific service is a violation and will result in loss of access. This code expires 2-years from issue date but may be extended upon request.

Signature: _____ Date: _____

(Authorization indicates compliance with the Gate Guidelines as adopted by the Board of Directors found at www.threecanyonsranch.com)

THE FOLLOWING IS FOR 3 CANYON GATE ADMINISTRATOR USE ONLY:

Contractor Access Code: _____ Date: _____