

Jess Ranch Master Assn.-Registration Form

(Previously called Security Form)

Failure to return this completed form may result in the cancellation of your gate card(s) even if you have previously filled out a similar form. Please take the time to complete this form in its entirety, thank you! **(Landlords please note: this form does not take the place of the Addendum to Lease/Rental Agreement, which is required by the Master Association).** Homeowner's please be sure that your gate card and/or remote number is on this form with notation belonging to owner.

Please check appropriate box—you are: Resident Owner
 Off Site Owner- **If a tenant is living in unit-Please fill out Tenant Addendum**

Off Site Owner

Name: _____

Address: _____

Telephone Home: _____ Work: _____

Resident of home Name _____ Phone # _____

Property Address _____

Please list all other persons living at this address. Gate cards cannot be transferred to anyone else

Name: _____ Relationship to Resident: _____ Age: _____

Name: _____ Relationship to Resident: _____ Age: _____

Name: _____ Relationship to Resident: _____ Age: _____

Please list ALL cards issued to your property address. Cards not listed will be de-programmed

1) Card # _____ Belongs to: _____ Relationship _____

2) Card # _____ Belongs to: _____ Relationship _____

3) Card # _____ Belongs to: _____ Relationship _____

4) Card # _____ Belongs to: _____ Relationship _____

Please list Jess Ranch Resident (Leisure Village) vehicle decals

Decal# _____ Vehicle Make & Model _____ License # _____ State _____ Registration expires: ____/____
Mo/Yr

Decal# _____ Vehicle Make & Model _____ License # _____ State _____ Registration expires: ____/____
Mo/Yr

Automatic Gate Openers (Serial Numbers): 1) _____ 2) _____

Note: for a household (2 gate cards & 1 remote for one car & 2 gate cards & 2 remotes for two cars)

Do you have a pet? Circle YES or NO; If YES, what type of pet and what size: _____

Note: Bookhollow Association only up to 20 LBS & Cedarbrook North Association only a small pet size of small Chocker Spaniel

Name and phone number (day & night phone #'s) of emergency contact person:

Resident's Signature

Date

I have received and understood BH/CBN/JRMA Welcome Packet: _____

Signature

Date