

Chelaque Estates Homeowners Association

Owners Gate Access Application

Lot Owner(s)_____

Current Address_____

City_____ State_____ Zip_____

Chelaque Property ID: Phase_____ Lot Number_____

Chelaque Street address: _____

Each resident will be given a code at the call box. Please fill out one for each persons phone.

#1-Name_____ Phone Number _____

#2-Name_____ Phone number _____

#3-Name_____ Phone Number _____

#4-Name_____ Phone number _____

Access Device requests:

Key Card: Quantity_____ X \$10 Each Total_____

Remotes: Quantity _____X \$30 Each Total_____

Remote Visor clip: Quantity _____X \$3 Each Total_____

Grand total _____

Owners Signature_____ Date: _____

Payment is required before device delivery. Check or money order can be mailed to:

Access Chairperson, 599 Proffitt Ridge Rd, Mooresburg, TN 37811.

For questions email: access@chelaque.org

FOR CHOA use only:

Device Numbers assigned:

