

Unit:	Controlled Access Agreement			
Name:				
Email:				
Directory Phone Number:				
If you have been given an access card or fob by the previous Owner or Landlord,				
please provide information below:				
Existing Card/Fob Number:		New Card/Fob N	New Card/Fob Number:	
Notes:				
If you would like to purchase additional access cards or gate remote fobs, please indicate the number of access devices requested:				
Remotes (\$25.00):		Access Cards (\$20.00):		
Make Checks Payable To: The Renaissance at River Oaks UOA				
I do hereby agree, and understand, that as a resident of The Renaissance at River Oaks, I am the				
only person allowed to use the access card(s) and/or gate remote fob(s) until termination of my				
residence. In the event the entry devices issued become lost, stolen, or damaged, I will notify the				
Management Office and pay the replacement cost within three (3) days. Access cards cost \$20.00				
and gate remote fobs are \$25.00. I have also received instructions on the use of the car, gate				
remote and the guest phone entry system. If for any reason I change the telephone number listed				
above, I will be responsible for informing Management as soon as possible. Information kept				
current will ensure better communication for all parties.				
Resident Signature:		Date	e:	
Office Use Only				
Amount Due \$	Payment Received?	Invoice to Account	?	
Access Devices and Guest Entry Number Programmed by:				
Charges Entered to Account Ledger by:				
Notes:				