

# DEERCROFT SECURITY DEVICE AUTHORIZATION AND REGISTRATION FOR TENANTS

## REGISTRATION

Date: \_\_\_\_\_

Previous Tenant (if applicable): \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_ Tenancy End Date \_\_\_\_\_

Street Address & Lot/Block/Section #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Phone Number for Gate Call Box: \_\_\_\_\_

Publish contact information in Deercroft Directory? Yes \_\_\_\_ No \_\_\_\_

Vehicle: Year/Make/Model/Color: \_\_\_\_\_ Tag # \_\_\_\_\_

Vehicle: Year/Make/Model/Color: \_\_\_\_\_ Tag # \_\_\_\_\_

Vehicle: Year/Make/Model/Color: \_\_\_\_\_ Tag # \_\_\_\_\_

Golf Cart: Year/Make/Model/Color: \_\_\_\_\_

Gate Device #	Assigned to:

PO Box #: \_\_\_\_\_

*Contact Wagram Post Office for box assignment*

RV Lot and/Lake Keys: \_\_\_\_\_

*Contact DHA Office*

**AUTHORIZATION**

It is agreed AND understood that lost, stolen, or misplaced cards and/or transmitters will be reported to the DHA office immediately. Devices are not to be shared with unauthorized individuals. Misuse of cards/transmitters may result in a fine as determined by the Deercroft Adjudicatory Panel.

**A copy of the DEERCROFT SECURITY DEVICE POLICY FOR TENANTS is to be attached to this agreement.**

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Signature  
Deercroft Homeowner's Association  
29960 Deercroft Drive  
Wagram, NC 28396  
910-369-0604  
office@deercrofthoa.org

\_\_\_\_\_  
Date