



RESIDENT/OWNER SECURITY ACCESS FORM

NAME: _____ DATE: ____/____/____
PLEASE PRINT CLEARLY

UNIT #: _____

PHONE # _____ - _____ - _____ EMAIL _____
PLEASE PRINT CLEARLY

RENTERS ONLY: list Owner Name: _____ LEASE EXP DATE: ____/____/____

(If applicable) list Rental Agency Name: _____

ALLENWOOD RESIDENTIAL ASSOCIATION SECURITY ACCESS DEVICES: Check or money order only. No cash/credit cards.

DEVICE SERIAL #	CAR STICKER \$15.00	POOL ACCESS CARD \$25.00

RESIDENT DIRECTORY CODE:

Residents receive a no-cost listing for up to 1 name + phone number per household. The phone number is assigned a unique 4-digit code.

1.) _____ - _____ - _____ 4-DIGIT CODE: _____ Notes: _____
IMC Assigns code Optional - ex: Mary's phone #

VEHICLE INFORMATION Required for all vehicles using the gate access devices above & parked at ALLENWOOD homes.
Four vehicles max – Renters please provide lease and registration for each vehicle.

YEAR _____ MAKE _____ MODEL _____ COLOR _____ PLATE# _____ STATE _____

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****By signing this Document, I confirm that I understand the rules of use & policies of ALLENWOOD, OA. My signature below verifies that I have received the above gate devices & codes, and I am responsible for their use by myself, by members of my household, & my visitors.**

**NAME: _____ DATE: ____/____/____
Signature

ALLENWOOD-IMC Registration Rep: _____ Date Rec'd: ____/____/____

Resident Directory Codes Expiration Date: ____/____/____

ALLENWOOD, OA

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Bluffton, SC 29928

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