NOTICE**** THIS FORM MUST BE RETURNED TO BONNIE ONLY

MAJESTIC ISLES SECURITY GATE FORM

MAJESTIC ISLES ADDRESS _____ LOT NUMBER _____

RESIDENTS LIVING AT ABOVE MAJESTIC ISLES ADDRESS

LAST NAME	FIRST NAME	PIN #
		TELEPHONE NUMBER

PERMANENT VISITORS LIST

(IF MORE SPACE IS NEEDED, USE SECOND SHEET)

FULL NAME	DESCRIPTION	AUTHORIZED TIMES	ADD/REMOVE
(EXAMPLE) JOHN SMITH	JOHN'S CLEANING SERVICE	MON & FRI 8-5	A R
			A R
			A R
			A R
			A R

FAMILY EMERGENCY CONTACT

FULL NAME	TELEPHONE NUMBER	ADD/REMOVE
	( )	A R
	( )	A R

LOCAL EMERGENCY CONTACT

FULL NAME	TELEPHONE NUMBER	ADD/REMOVE
	( )	A R
	( )	A R

NEW VEHICLE INFORMATION

MAKE	MODEL	COLOR	YEAR	DECAL	PLATE NUMBER	STATE