



RFID Gate Access Device Form

Name(s): _____ Address: _____

Lot #: _____ Phone: _____ Email: _____

of access devices requested: _____ # of devices returned: _____

	Vehicle #1	Vehicle #2	Vehicle #3
RFID #			
Make			
Model			
Color			
Tag#			
State			
	Vehicle #4	Golf Cart/Other	
RFID #			
Make			
Model			
Color			
Tag#			
State			

For Office Use Only

HOA Account #: _____ ID(s) Verified (Y/N): _____ Vehicle Registration(s) Verified (Y/N): _____

Information Updated in (Date/Initials): Castle: _____/_____/_____ Northstar: _____/_____/_____ Door King: _____/_____/_____

Deleted Device #(s) _____