VERONA AT RENAISSANCE GATE ACTION REQUEST FORM

OCCUPANT CONTACT INFORMATION

Occupant completes the following information

Are You an **Owner** or a **Renter**? _____

Provide **Previous Owner's** name if Home Newly Purchased _____

Date of Home Purchase CLOSING _____

Provide **Current Owner's** name if Home Newly Rented _____

Occupant #1 Name _____

Occupant #1 Mobile # _____

Occupant #1 Email Address _____

Occupant #2 Name _____

Occupant #2 Mobile # _____

Occupant #2 Email Address _____

Home Land Line # (Optional) _____

Property Address _____

Requested 4-digit Entry Code (pending availability) _____

Note: If requested Code is unavailable, last 4 digits of Occupant #1 Cell will be used.

Requesting Additional new FOB's? How Many _____ (Max. 4 per Household)

Optional Additional Requested Action

_____

_____

_____

Owner/Renter Signature _____ **Date** _____

_____

Gate Committee Use Only

Visitor/Contractor 3-digit Call Code Occupant #1 _____ Occupant #2 _____

FOB #1 _____ FOB #2 _____ FOB #3 _____ FOB #4 _____

Verified #1 _____ Verified #2 _____ Verified #3 _____ Verified #4 _____

Email Questions To: gates@myveronahoa.com
Return Completed Form To: gates@myveronahoa.com

July 31, 2026