
Stone Valley POA

GATE REMOTE FORM

☐ Settlement Statement – Accounting Department ☐ Renter/Tenant ☐ New Gate Information ☐ Update Gate Information

OWNER NAME:

Last: _____ First: _____ Spouse: _____

Property Address: _____

Home Phone: _____ (This will be the number called from the gate to your home).

Email Address: _____

***** Stone Valley gate codes are predefined and will be assigned by the management company once the form is completed**

***** 30 DAY WARRANTY ON ALL TRANSMITTERS *****

Association Management Services has no control over the shelf life of remotes when they are received from the gate company. Should the remote malfunction within 30 days of purchase, return the malfunctioning remote, and we will replace it at no cost. Should the remote malfunctions after 30 days from the date of purchase, you will have to purchase a replacement.

- Dead batteries, broken clips or key chain attachments do not constitute a malfunction.
- Battery replacement in remotes is the responsibility of the resident, not Association Management Services.

TRANSMITTERS PURCHASED	REMOVE OLD TRANSMITTERS	HOMEOWNER SIGNATURE

PAYMENT TYPE: Check #: _____ \$ _____ Cash: _____ Bill Account #: _____ \$ _____

ASSOCIATION MANAGEMENT SERVICES REP. SIGNATURE: _____ Database Updated: _____

DATE: _____ TIME: _____