Tamaya 10175 Fortune Parkway, Suite 906 Jacksonville, Florida 32256 Phone: 904-223-7224 Fax: 904-223-1212

Gates Jax@Leland Management.com

DATE:		PROPERTY ADDRESS:					
Instructions:							
Indicate the name and phone number to be programmed into the directory box. Only one (1) phone number may be programmed into the call box, for each residence.							
	Name to appear in directory box:						
Phone Number to program in directory box:							
	Owner Name(s):		Owners Email:				
Mailing Address: Phone Number:					ımber:		
		& CHILDREN RESID	DING AT	PROPERTY	N		
Last: First:			Last:		Name First:		
L	ast:	First:	First:		First:		
Last:		First:		Last:	First:		
We would like to purchase additional barcode(s) at \$25 each = \$ (Maximum one per vehicle registered to property address)  Payment may be made by check or money orders made payable to Leland Management.							
VEHICLE INFORMATION: PLEASE COMPLETE AS APPLICABLE TO COMMUNITY							
	MAKE	MODEL	YEAR	COLOR	LICENSE PLATE	BARCODE (office use only)	
1							
2							
3							
Owner Signature: Date:							