

Atmosphere Inc.

Oscar Carmona

512-375-8977 or oc@votmaintenance.com

Onsite Management Office hours 7:45AM-12PM

Owner Requested: First Name _____ Last Name _____

Is this Unit Rented? YES or NO (circle one) Is the Contract on file with VOT? YES or NO (circle one)

Manager Name: _____ cell: (_____) _____ - _____

By signing below, I certify all information is true and correct to the best of my knowledge:

_____/_____/_____
Signature of Owner *Requested Date*

Name to appear in the Gate Directory:

(User 1) First Name _____ Last Name _____

Phone number to be used at the Interphone to reach you (User 1):

cell: (_____) _____ - _____

Gate Code 3 digit number for visitors (user 1)

____ - ____ - ____

(User 2) First Name _____ Last Name _____

Phone number to be used at the Interphone to reach you (User 2)

cell: (_____) _____ - _____

Gate Code 3 digit number for visitors (User 2)

____ - ____ - ____

Gate Remote "Clicker" number(s) found on the WHITE sticker on the back of them

1. _____ 2. _____ 3. _____ 4. _____

FOB(s) number(s) found on the back of them

1. _____, _____ 2. _____, _____

3. _____, _____ 4. _____, _____

(Please bring FOB(s) to the office to exchange them if there are no numbers on the back.)