

**Mountain View Community Association**

c/o FirstService Residential  
25240 Hancock Avenue, Suite 400  
Murrieta, CA 92562

DATE SUBMITTED: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_  
PREVIOUS OWNER (office use): \_\_\_\_\_

**Gate Entry Information Sheet - OWNER INFORMATION**

Owner 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First Name, Last Name

Owner 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First Name, Last Name

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_/We wish to be included in the Community Directory and on the Community email list\*

\_\_\_/We **DO NOT** wish to be included in the Community Directory and on the Community email list\*

*\*Inclusion in the Community Directory will assure that you are informed of any emergencies or special meetings that the Mountain View Association or Social Club will call. Without your inclusion in the Directory you may not be notified. Of course your private information is for Association use only.*

**EMERGENCY CONTACTS**

Emergency Contact 1: \_\_\_\_\_ Ph. Number: \_\_\_\_\_  
First Name, Last Name  Home  Cell  Work

Relation \_\_\_\_\_ Mailing Address \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Ph. Number: \_\_\_\_\_  
First Name, Last Name  Home  Cell  Work

Relation \_\_\_\_\_ Mailing Address \_\_\_\_\_

**GATE REMOTES/KEY FOBS**

Are you requesting Gate Remotes?  Yes  No If yes, how many? \_\_\_\_\_  
Are you requesting Key Fobs?  Yes  No If yes, how many? \_\_\_\_\_

If requesting replacement gate remotes, please submit payment of \$24.00 each. If requesting replacement key fobs, please submit payment of \$25.00 each. (Payable to Mountain View Community Association).

**GATE KIOSK DISPLAY**

First Initial(s) \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(951) land line only

**ACKNOWLEDGEMENT OF RECEIPT**

The undersigned acknowledges receipt of the gate transponders identified above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

GATE CODE # \_\_\_\_\_ TOTAL # OF GATE REMOTES ISSUED \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_

KEY FOB REGISTRATION# \_\_\_\_\_ & \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

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ARE YOU RENTING OUT YOUR UNIT?  Yes  No

*If yes, please fill out the Lessee/Tenant Information below and provide a copy of your lease agreement. Please note key fobs will not be activated until your tenant is registered with the Association.*

Lessee 1: \_\_\_\_\_ Ph. Number: \_\_\_\_\_  
First Name, Last Name  Home  Cell  Work

Lessee 2: \_\_\_\_\_ Ph. Number: \_\_\_\_\_  
First Name, Last Name  Home  Cell  Work

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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