

LAUGHLIN RANCH
c/o HOAMCO
2580 Highway 95, Suite 112
Bullhead City, AZ 86442
Office: 928-296-8181 FAX: 928-776-0050

GATE REMOTE APPLICATION

Date: _____ Account # : _____

Gate Remote SSN.: _____

Neighborhood: _____

Name: _____

Physical Address: _____

Directory Phone Number: _____

Name as it should appear on Directory: _____

The first two remotes are free per the Laughlin Ranch Governing Documents.

\$50.00 Fee for Lost/Stolen/Additional Remotes: _____ Paid by Check: _____

Please note it could take 24-48 business hours to activate remotes or receive a gate code

Owner/Tenant: I received a copy and will abide of the Rules & Regulations.

Signature: _____

For Renters, Owner must sign authorization renter to obtain gate remote.

I, _____ (owner of the property named above) authorize
_____ (tenant) to obtain two gate remotes. Lost or stolen remotes
are \$50.00 to replace.

Owners Signature: _____

Tenant Signature: _____

HOAMCO Employee Name: _____

Date Scanned into Caliber: _____ HH: _____