



Gate Information and Contacts

Date: _____

Home Owner Name: _____

Address: _____

Name of person/company needing access: _____

Service Provided: _____
(house cleaning, yard work, nanny, etc.)

Gate Code requested: Option 1: _____ (4 digits) Option 2: _____ (4 digits)

(Codes may not contain sequential numbers, nor fully repeating numbers)

Should this person have:

Restricted Access **or** Unrestricted Access

If restricted access is requested, please answer the following:

Note: Codes with restrictions are not saved to the device at the gate. In the event of loss of communication with the cloud based system codes with restrictions will not open the gate.

Days of the week should this person have access:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time during the day should this person have access:

From: _____ To: _____

Time Period this access should be in place:

Ongoing **or** Temporary: From _____ to _____
(day / month) (day / month)

Submit completed form to:

PacRim Properties, LLC.
Attention Association Manager
405 W. 27th Ave. Anchorage, AK 99503
info@prpalaska.com

Instructions: Fill out, save/print and email or mail to PacRim.