

**Sonoma Bay Association Gate Access Form**

OWNER: \_\_\_\_\_ RENTER: \_\_\_\_\_

Maximum two(2) sticker issued per unit. Vehicle registration is required and must match unit address. Unit owner must be current on assessment.

Name of Homeowner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Renter: Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from above) Street City State Zip

**Names of Residents / Tenants:**

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_  
Relationship: \_\_\_\_\_

**Vehicle Registration & Decal:**

Make	Model	Year	Tag#	Color	Decal #:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Names of Commercial Service Companies:**

\_\_\_\_\_  
Type of Service: \_\_\_\_\_  
\_\_\_\_\_  
Type of Service: \_\_\_\_\_  
\_\_\_\_\_  
Type of Service: \_\_\_\_\_

**Names of Frequent Guests:**

**Relationship:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

It is the Homeowner's Responsibility to keep Sonoma Bay advised of any and all resident information changes