

**BURNT STORE MARINA
GATEKEEPER RESIDENT INFORMATION**

Please fill out and return to front gate or fax to at (941) 639-0333
or Email BSMsecurity@Gmail.com

UNIT INFORMATION:

PIN NUMBER: _____

OWNER'S NAME/S: _____

Are you fulltime resident/s? Yes No *Please list the names of all owners for the unit.*

RESIDENT'S NAME/S if different from owners, if **renter please attach a copy of lease.** Dates

UNIT ADDRESS: _____

All info below is for: (Circle one) OWNERS TENANTS

UNIT PHONE #: _____ CELL#: _____

This will be the number used for the gatekeeper system

OTHER PHONE#: _____ CELL#: _____

EMERGENCY CONTACT: _____ PHONE #: _____

PERMANENT VISITOR LIST: Those visitors whom you want to have access for only specific dates please add the dates.
If there is no date listed there will be no expiration date in the gate.

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

