

KELLIWOOD LINKS GATE ACCESS FORM

PROPERTY CLOSING DATE: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ ALTERNATE PHONE: _____

FORMER PROPERTY OWNER: _____

LIST ADULT NAMES AS THEY ARE TO APPEAR IN THE TELEPHONE DIRECTORY
(PLEASE PRINT FOR CLARITY)

LIST TRANSMITTERS AND/OR CARDS PROVIDED BY PREVIOUS OWNER

Transmitter Number(s) in your possession _____
(number on the white tag on the bottom)

Card Number(s) in your possession _____
(number that follows No)

Completed form must be faxed to ICSH at 713-667-4855.

Please be advised that your name will not appear in the telephone directory and that your transmitters and or cards may be deactivated until at which time this form has been received by ICSH.