

Access Control Registration Form

Important Instructions: This form must be submitted by an <u>Authorized Community Contact</u> to <u>myenvera@enverasystems.com</u>. RESIDENTS, PLEASE PROVIDE THE COMPLETED DOCUMENT TO YOUR PROPERTY MANAGER OR COMMUNITY STAFF. Please type or print clearly. <u>Attempting to submit this form via an unauthorized contact or illegibly will delay processing</u>. If multiple tenants reside at the same address, each must complete their own form.

Community Name:			City:			State:		
Property Street Address (including unit if applicable):								
■ NEW Homeowner ■ UPDATE Existing Homeowner				NEW Tenant			UPDATE Existing Tenant	
New Homeowner Move In Date:				Tenant Lease Start:			Tenant Lease End:	
Should all prior homeowners/tenants be deactivated?								
If yes, please provide date to be deactivated:								
Access Level: Resident Employee Vendor All Access (Please complete a separate form for individuals with different access levels)								
Household Member,	Phone Number	Email Address	Credential Type	Credential	Credential Number For veh		hicle stickers: Make, Model, State, and Plate	
Employee, or Vendor Name			(Fob, Sticker, Card, Ot	her)			Numbe	r

If Envera provides Virtual Gate Guard and/or Guard Module solutions at your community, please complete a separate MyEnvera registration form for new residents. Once this form is submitted, please allow up to 48 hours for processing. The information above will remain confidential and will be used solely for the purpose stated. It is the responsibility of the homeowner/tenant to keep the information above current. Please advise of any changes, additions, or deletions by logging on to your MyEnvera account or by emailing myenvera@enverasystems.com.