



RFID GATE PASS APPLICATION

Last Name	First Name		
Address	City	State	Zip
# Tags Issued	Cost	Account #	Phone #

***There is a \$11 fee Plus Tax for each RFID tag that will be billed to your Security account.**

REQUIRED VEHICLE INFORMATION

VEHICLE:	Year	Make	Model	Color
State	License Plate #	RFID #	Date issued	
VEHICLE:	Year	Make	Model	Color
State	License Plate #	RFID#	Date Issued	
VEHICLE:	Year	Make	Model	Color
State	License Plate #	RFID#	Date Issued	
VEHICLE:	Year	Make	Model	Color
State	License Plate #	RFID#	Date Issued	

IF YOU ARE REPLACING A VEHICLE OR HAD A WINDSHIELD REPAIRED, PLEASE INDICATE THE VEHICLE BEING REPLACED BY AN ASTERISK *.

Resident Signature: _____ Date: _____