



Surfside I Association

199 E. Surfside Dr. Port Hueneme, CA 93041
Phone 805-488-3304 Fax 805-986-4603

ENTRANCE ACCESS SYSTEM AUTHORIZATION FORM

Unit # _____

Date _____

I wish to add the following information to the entrance access system:

Name: _____
(printed)

Phone Number: _____
(include area code)

Name: _____
(printed)

Phone Number: _____
(include area code)

(There is a limit of two names and phone numbers per unit.)

Owner's name _____
(printed)

Owner's signature _____

Please note: Any changes to this authorization must be submitted in writing and signed by the owner.

Please submit this form via mail or fax to the Surfside I office.