



Application for Extras/ Secondary Gate Access Devices:

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ANCHORAGE UNIT #: _____ or DECK POINT PARCEL #: _____

Owner of said unit or parcel: _____

Address: _____

Owner's contact number: Telephone: _____ Cell: _____

Owner's signature: _____ Date: _____

CHECK ONE: New: Cancellation: Transfer: Device #: _____

TYPE OF DEVICE REQUESTED: (CHECK ONE)

24 hour access card \$35.00 _____

24 hour wireless "clicker" \$75.00 _____

Day access card (7am-7pm) \$35.00 _____

Day access wireless "clicker" (7am-7pm) \$75.00 _____

If owner's information Form has not been updated within the last year, please update before ACA can respond to your request for secondary devices.

Application must include payment BY CHECK ONLY:

Payable to: Anchorage Condominium Association
6600 Estate Nazareth, #37, K7
St. Thomas, VI 00802

I would like the card/wireless device mailed to me at my mailing address above: _____

Please contact by telephone/cell # _____ for pickup arrangements.

NOTE: CARDS ARE NOT TRANSFERABLE WITHOUT FILING A NEW APPLICATION.

If as owner you would like a second party to have your permission to apply for another gate device, please fill out the form below with the security information necessary for application.

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NON-OWNER APPLICATION FOR SECONDARY GATE DEVICE

Please have the owner of the unit fill out page one of this application and attach.

Written permission from the owner must be submitted with this form to be considered.

Non-owner Name (print): _____

Address: _____ Unit: _____

Local phone number(s): 340- _____ Cell: _____

Business contact:

I, _____, accept responsibility for the correct use of this gate.

Signature of Non-owner: _____ Date: _____

Signature of Owner: _____ Date: _____

Please make sure the owner/tenant information forms are filled out with the updated and/or correct vehicle information.

*Application cannot be considered unless a photocopy of valid identification is attached.

Please return (1) this form. (2) photocopy of ID for person to whom device to be issued and (3) check for payment—via mail (address above), or drop box at the Anchorage Condo Association office (located waterside of Columbia building).

Device # _____ Issued date: _____ ACA Staff initials: _____