

Meridian Place Homeowners Association, Inc.

GATE PROGRAMMING FORM

Date: _____

Printed

Last Name: _____
Owner's Name (NOTE: Only your last name is programmed at the keypad.)

Street

Address: _____
(Property Address at Meridian)

Lot # _____

Owner's Home Phone Number: () ____ - ____

Owner's Cell Phone Number: () ____ - ____

Owner's Email: _____

Signed By: _____
Owner's Name

Fax Form Back To: 321-428-5700 or Email To: charlotte.baysidemgmt@gmail.com

**Extra remotes are \$35.00. Make check payable to Meridian Place HOA and Mail to:
Meridian Place HOA PO Box 100130 Palm Bay, Fl 32910**

Remote Code # _____ and # _____
(Management fills out) (Management fills out)