2016

MARTIS CAMP
COMMUNITY ASSOCIATION

MARTIS CAMP CONTRACTOR AND VENDOR VEHICLE ACCESS FORM

Date: _____ **Company Name** _____

Address: _____

Office Contact Name : _____ **Phone #** _____

Email: _____ **Site Working:** _____

Supervisors on Site: _____

Employee Name	Driver's License #	License Plate #	Vehicle Make / Model / Color

I hereby confirm that each employee for whom I am requesting access has a valid driver's license, current vehicle registration and current auto insurance.

_____

Supervisor's Printed Name

_____

Supervisor's Signature

Once form is completely filled out, submit it to the Martis Camp Gatehouse: **Gatehouse@martiscamp.com**

$20 Replacement Fee for ALL lost, stolen, or unaccounted for passes. Supervisors are the only ones authorized to request and pick up passes.
Rules of the community are printed on the back of each pass.

For Martis Camp Gatehouse Use

Date Entered into Gatehouse CMS _____ Staff Initial _____

Date Passes Made with Initial _____ Who Picked Up Passes & How Many _____