



Request for Service Provider Transponder

LIMIT 1 TRANSPONDER PER SERVICE PROVIDER

I understand that a request for additional transponders will be considered on a case by case basis by the Emergency Services Committee.

Service provider must be employed a minimum of 3 days per week.

Resident Information

Name Address

Phone (Home) Phone (Cell)

Service Provider Information

Must be updated every 6 months

Name Service

Address City State Zip Code

Phone Number

_____ Home _____ Cell _____ Work

Frequency of Visits (daily, weekly, etc.) _____

Days of the week

Work hours

- Sun From _____ - To _____
- Mon From _____ - To _____
- Tue From _____ - To _____
- Wed From _____ - To _____
- Thu From _____ - To _____
- Fri From _____ - To _____
- Sat From _____ - To _____

*Transponders will **only** allow service provider into CPV during normal work hours and specific gates. Transponder is active for 6 month period*

Service Provider Vehicle Information

Year Make Model Color Transponder #

State License Plate

Signature Date

I certify that the above listed is employed by me as a full time/part time **Service Provider** (minimum 3 days per week). They shall comply with all rules and regulations as prescribed by the Castle Pines Homes Association. Vehicles listed above are used by this service provider and shall be granted access to CPV under the sole responsibility of the undersigned resident.

I understand that this assigned transponder is specific to the listed vehicle. I agree to update service provider information to Emergency Services every 6 months. I agree to update my personal information with Emergency Services on an annual basis. Failure to provide Emergency Services with any changes or abuse of this agreement will result in this transponder being deactivated.

Resident Signature

Date

Approved_____ Disapproved_____

Chief of Emergency Services/Date

Emergency Services Committee

Chairman/Emergency Services Committee/Date