**LAKE WAUWANOKA**

**SERVICES/VENDOR GATE CARD REQUEST FORM**

Complete at least two (2) weeks before your Services/Vendor card is needed.

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| --- | --- |
| **DATE:** |  |
| **VENDOR/RESIDENT NAME:** |  |
| **VENDOR/RESIDENT CONTACT NAME:** |  |
| **VENDOR/RESIDENT CONTACT PHONE:** |  |
| **VENDOR/RESIDENT CONTACT EMAIL:** |  |
| **BUSINESS JUSTIFICATION:** |  |
|  |  |
|  |  |

* Request will not be approved if all fields are not completed.
* Request will automatically be denied if it does not have a valid business justification listed on the form.
* Any card(s) distributed, used or given to unauthorized individuals, will be changed.
* Request will be reviewed and if approved, card will be distributed to the vendor or contact listed on this form.
* No cards will be distributed to any kind of sales representatives or real estate agents. It is the responsibility of the property owner to coordinate times and allow access to sales representative agents into Lake Wauwanoka.
* The unauthorized use, publication, distribution, public display or any other misuse of a gate cards as determined by Lake Wauwanoka Inc. will cause the code to be immediately cancelled.

RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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