



# LAKES at CREEKSIDE

## Lakes at Creekside Resident Gate Information Form

**Resident Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name as you want it to appear on the gate system key pad**

\_\_\_\_\_

**(last name, first initial of one Resident)**

**Telephone number the gate system will use**

\_\_\_\_\_

**Personal Four digit gate code** \_\_\_\_\_

**EZTag Numbers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please email this form to [vanessa@maisontx.com](mailto:vanessa@maisontx.com) upon completion. Thank you.

Maison Property Management  
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