



## Gate Access Request Form

*Please complete and return the requested information so we can better assist you.*

Street Address: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

Renter (If Applicable): \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

### **Web/Smartphone Login Information for Gate Access (required):**

**Username:** \_\_\_\_\_

*Please provide a preferred e-mail address*

**Password:** \_\_\_\_\_

*Password should have minimum 8 and maximum 15 characters with 1 digit.*

*Password must have at least 1 lowercase letter.*

4 Digit Personal Pin Code for Entrance Gate: \_\_\_\_\_

Number of Gate Remote Needed (optional): \_\_\_\_\_ \$45 each.

**Please make checks payable to Crown Valley HOA, Inc.**  
**This form can be returned by regular mail or e-mail at [access@essexhoa.com](mailto:access@essexhoa.com).**

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