

Entered into the computer on \_\_\_\_\_ by # \_\_\_\_\_  
Date Unit Initials

**AUTUMN WOODS  
PERMANENT GUEST / VENDOR LIST**  
Please return this form to Security at the Gatehouse – MUST BE SIGNED!

Resident Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

(First Name / Last Name)	(First Name / Last Name)
Guest: _____	Guest: _____
Guest: _____	Guest: _____
Guest: _____	Guest: _____
Guest: _____	Guest: _____
Guest: _____	Guest: _____

Vendor: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vendor: \_\_\_\_\_

Delete: \_\_\_\_\_ Delete: \_\_\_\_\_

Delete: \_\_\_\_\_ Delete: \_\_\_\_\_

ALERT NOTICE: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_