



Kissing Camels Estates
2016 Resident Update Form

Security

Officer Initials _____

Resident Name: _____

Address Lives Here: _____ Address Own: _____

Phone Numbers: _____

Emails: _____

Alarm Company: (yes) or (no):

Name _____ Phone# _____ Code _____

Emergency Keys in Gatehouse: (Yes) or (No) / Lifeline: (Yes) or (No)

Pets:

Type (dog) or (cat) Name _____ Breed _____ Color _____

Registration Tag# _____ KCE Tag: (heart) or (circle)

Type (dog) or (cat) Name _____ Breed _____ Color _____

Registration Tag# _____ KCE Tag: (heart) or (circle)

Type (dog) or (cat) Name _____ Breed _____ Color _____

Registration Tag# _____ KCE Tag: (heart) or (circle)

Vehicles:

Make _____ Model _____ Color _____ Lic/St. _____ RFID _____ Decal _____

Make _____ Model _____ Color _____ Lic/St. _____ RFID _____ Decal _____

Make _____ Model _____ Color _____ Lic/St. _____ RFID _____ Decal _____

Make _____ Model _____ Color _____ Lic/St. _____ RFID _____ Decal _____

Make _____ Model _____ Color _____ Lic/St. _____ RFID _____ Decal _____