



**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT PROVIDING ALL THE FOLLOWING ITEMS:
THIS INFORMATION MUST BE SUBMITTED WITHIN 72 HOURS AFTER CLOSING DATE.**

CHECKLIST

- ☐ **PAYMENT FOR AMTECH VEHICLE TAGS (REQUIRED BEFORE PROCESSED)**
- ☐ **COPY OF CLOSING STATEMENT / LEASE AGREEMENT**
- ☐ **COPY OF VEHICLE INSURANCE OR REGISTRATION CARDS**
- ☐ **SIGNATURE ON FORMS**

**** PLEASE NOTE YOU MUST SUBMIT YOUR COMPLETED “NEW HOMEOWNER’S
PACKET” IN ORDER TO BE SCHEDULED FOR YOUR ORIENTATION. AMTECH
DECALS ARE ISSUED AT THIS MEETING.**

**PLEASE DO NOT MAKE ANY EXTERIOR MODIFICATIONS TO YOUR PROPERTY
UNTIL YOU HAVE HAD YOUR ORIENTATION. PRIOR APPROVAL IS REQUIRED AND
THE PROCEDURE WILL BE EXPLAINED IN DETAIL****



Dear New Homeowner,

Welcome to Laurel Springs! We are excited that you have made the decision to become part of this exciting community! To get started, please complete the Residential Information package that is attached. This information is needed to create your HOA SECURITY profile which is entered in our database that is accessed only by the Laurel Springs Homeowner's Association and Security personnel. We consider your e-mail address and any personal information you provide to be private, and this information will be kept strictly confidential. You will also be issued a User ID and Password to access your TEKwave security profile. This will be issued to you at the community orientation, which is mandatory for new residents. Please go to your app store on your mobile device and download the TEKControl Visitor App. Look for TEKControl Visitor app and download it prior to attending the orientation.



Further instructions will be provided at your orientation. Upon receiving your completed package, you will be contacted via email within 24-48 hours to schedule your orientation meeting date and time at the Resident's Clubhouse with the Property Manager and Director of Security. You will be issued a temporary guest pass upon providing your closing statement. This temporary pass will grant you access thru the "manned" gates until you attend your orientation and receive your gate passes and community decals.

If you have any questions or concerns regarding the community security program or security staff, please do not hesitate to contact me at 770/844-0175 or security@laurelspringshoa.com. You may also contact the Assistant Director, James Wilson at 770/ 844-0071. On the behalf of the entire Security & Safety Department, we welcome you to Laurel Springs and look forward in serving you!

Best Regards,

Christopher Sanders, CHS

Laurel Springs HOA

Director of Security

COPY OF THE CLOSING STATEMENT MUST BE ATTACHED IN ORDER TO PROCESS

Orientation is required to complete your application and to receive your access decals. Upon receipt of application, you will be sent an email within 48 hours of your orientation date and time.

L A U R E L S P R I N G S



RESIDENT INFORMATION

☐ LEASING PROPERTY

(LEASE AGREEMENT MUST BE ATTACHED)

☐ PURCHASED PROPERTY

(CLOSING STATEMENT MUST BE ATTACHED)

MOVE-IN DATE: _____

RESIDENT FULL NAME: _____

SPOUSE NAME: _____

ADDITIONAL OCCUPANT: _____

RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____ (HUSBAND)

CELL PHONE: _____ (SPOUSE)

EMAIL ADDRESS(HUSBAND): _____

EMAIL SPOUSE: _____

EMPLOYER: _____

OFFICE PHONE: _____

SPOUSE'S EMPLOYER: _____

OFFICE PHONE: _____

EMERGENCY CONTACT MUST BE ENTERED BY LOGGING IN TO YOUR ONLINE SECURITY PROFILE.

ENTER THE FOLLOWING INFORMATION WHEN LOGGING IN: NAME, RELATIONSHIP, PHONE NUMBER

PLEASE LIST ALL CHILDREN'S NAMES AND DATE OF BIRTH:

NAME	DATE OF BIRTH	Male / Female
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

**YOU MUST ENTER ALL YOUR VISITORS INTO
YOUR TEKWAVE SECURITY PROFILE**

**LOGIN INFORMATION AND
PASSWORD FOR YOUR
TEKWAVE PROFILE WILL BE
PROVIDED AT YOUR
ORIENTATION.**

REQUEST FITNESS CENTER KEY ☐ yes ADD 1 EXTRA FITNESS KEY FOR \$5.00 ☐

YES, I WOULD LIKE TO ADD MY DRIVER'S LICENSE PHOTO

TO MY SECURITY PROFILE FOR IDENTIFICATION PURPOSES YES ☐ NO ☐

CASH NOT ACCEPTED

AMTECH DECAL REQUEST FORM

**30-Day Amtech
Activation on new vehicles
until valid
Tag is provided**

Name: _____ Date: ____/____/____

Address: _____ Lot #: _____

Vehicle Description: ***PROOF OF OWNERSHIP MUST BE PROVIDED. (Insurance or Registration Card).***

Year	Make	Model	Color	Tag#
Year	Make	Model	Color	Tag#
Year	Make	Model	Color	Tag#
Year	Make	Model	Color	Tag#

Additional Request: Parent Name: _____ Date: _____

Year	Make	Model	Color	Tag#
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Amtech's are for the use of Residents ONLY. Amtech's will be confiscated from all unauthorized Non-Residents and will result in the individual being escorted off property. Unauthorized distribution of Amtech's to guests or contractors may result in Amtech suspension and a fine. Amtech's cannot be transferred between residences or vehicles. Amtech must remain with the vehicle it was assigned too. Removal of Amtech from the windshield may destroy the decal and voids the 1yr warranty from the Laurel Springs HOA. Payment (check or credit card) must be submitted prior to the request being processed. Please make checks payable to LSHOA.

<u>ITEM</u>	<u>PRICE</u>	<u>QTY</u>
Windshield Access Tag	\$30.00 per Vehicle (non-refundable)	_____
Headlight Access Tag (LS Decal is required)	\$30.00 per Vehicle (non-refundable)	_____
LS Community Decal	FREE	_____

Payment Method: ☐ Check ☐ Credit Card-TYPE: _____

I UNDERSTAND THAT THE AMTECH DECAL CAN BE REVOKED OR SUSPENDED AT THE DISCRETION OF THE HOA. I UNDERSTAND THAT I NEED TO PROVIDE PROOF OF OWNERSHIP AND PRESENT MY VEHICLE TO SECURITY PRIOR TO RECEIVING MY AMTECH DECAL. I FURTHER UNDERSTAND THAT THE AMTECH DECAL ASSIGNED TO MY VEHICLE MUST REMAIN WITH THE VEHICLE. I CANNOT TRANSFER IT TO ANOTHER RESIDENCE OR VEHICLE WITHOUT APPROVAL FROM HOA. VIOLATION RESULTS IN IMMEDIATE SUSPENSION OF ACCESS TAG.

Resident Signature

Date

Amtech Cards: _____ Date: ____/____/____

LS Decals: _____ :Processing Officer

Issuing Officer: _____

Pet Information

Pet Owner's Name: _____

Address: _____

Tel # : _____

PET #1

Collar or Tags? ☐ Yes ☐ No

Vaccinated? ☐ Yes ☐ No

Name of Pet:

Type of Pet:

Color of Pet:

Age & Weight:

PET #2

Collar or Tags? ☐ Yes ☐ No

Vaccinated? ☐ Yes ☐ No

Name of Pet:

Type of Pet:

Color of Pet:

Age & Weight:

GEORGIA LAW AND COMMUNITY POLICY REQUIRES YOUR DOG TO BE ON A LEASH AT ALL TIMES WHEN WALKED. PLEASE be courteous and pick up after your pet.

Always inform Security if your pet is a new addition to your family.

Your pets will Thank you too!

Please read the Rules and Policies regarding Pets to avoid any fines for violations.

[ATTACH PICTURE]

OPTIONAL



Laurel Springs

GARAGE DOOR NOTIFICATION REQUEST

Name: _____

Address: _____

PLEASE ADD MY RESIDENCE TO YOUR NOTIFICATION LIST. I UNDERSTAND THAT A CALL WILL BE PLACED TO MY RESIDENCE IN THE EVENT THAT MY GARAGE DOOR IS LEFT UP. I DO UNDERSTAND THAT A PHONE CALL MAY BE RECEIVED WITHIN THE TIME WINDOW OF 10:00PM – 5:00AM. I FURTHER ACKNOWLEDGE THAT THIS IS A COURTESY NOTIFICATION AND SECURITY CANNOT GUARANTEE A CALL WILL BE PLACED UPON EACH OCCURRENCE.



WAIVER OF LIABILITY

I hereby authorize representatives of the current contracted security services, Allied Universal or any contracted security services retained by Laurel Springs Homeowner Association any reasonable access to my property for the purpose of responding to reports of emergencies, intrusions alarms, medical calls and fire alarms to observe, assist, report and deter harm to property and life. The Laurel Springs Homeowner Association currently has no agreement or contract covering the response of security officers to private residential property. Allied Universal does not guarantee a response nor the timelines of a response to my property for said incidents.

Full Name (Print)

Address

Signature

Date