

GATE ENTRY AUTHORIZATION

NEUSE COLONY HOMEOWNER ASSOCIATION

Managed by CAMS, 442 E Main Street, Suite C, Clayton, NC 27520

(919) 856-1844 fax (919) 571-8290

www.neusecolony.com

Dbyars@camsmgt.com

Dear Homeowner

This is just a reminder of the procedure that needs to be followed when it comes to the gate system in Neuse Colony. When a non-resident comes to the gate, they need to scroll through the keypad and call the appropriate resident. The resident will then press # 5 on their phone and it will allow the gate to open.

For delivery (UPS, etc.) maintenance or any other unauthorized persons, the CAMS (formerly Kohn-Ell) number is located on a plaque by the gate keypad with instructions to call for entry. CAMS will screen the requester and then let them enter if appropriate. In case of emergency, there is a sensor triggered by siren at each gate for fire and ambulance quick entry. These sensors are timed, so gates stay open for a period of time to allow all emergency vehicles into the neighborhood without damaging the gates. Please remember if you have a contractor visiting for one time only, contact CAMS to let them know that they are authorized to enter the community for this one time. If you have contractors that come to your home on a regular basis and you would like for them to have their own code, or you just want to have them on the approved vendor list during CAMS office hours, please complete and return the enclosed form to CAMS. You may also login to your portal account at <https://portal.camsmgt.com> and submit a service request under Request/General Request.

GATE ENTRY AUTHORIZATION
NEUSE COLONY HOMEOWNER ASSOCIATION
Managed by CAMS, 442 E Main Street, Suite C, Clayton, NC 27520
(919) 856-1844 fax (919)571-8290
www.neusecolony.com
Dbyars@camsmgt.com

Print Name: _____

Property address: _____

Phone Number: _____

Absentee owner (if you checked that, please fill out your mailing address) Mailing address:

My signature acknowledges that I hereby authorize the contractors listed to enter the community.

Signature: _____ Date: _____

Business Name: _____

Phone Number: _____

Contact Person: _____

Business Name: _____

Phone Number: _____

Contact Person: _____

Business Name: _____

Phone Number: _____

Contact Person: _____