

HOME OWNERS ASSOCIATION

62a Saint James Crescent
 BRYANSTON
 P O Box 1515
 GALLO MANOR
 2052
 Tel (011) 706-9700
 Fax (011) 706-9709

OFFICE HOURS : MONDAY – FRIDAY 08H00-17H00

THORN VALLEY ESTATE

DOMESTIC STAFF - GATE HOUSE ENTRY

Owners Name : **Stand No :**
 NAME IN CAPITALS

I/we, the undersigned, **the owner(s) / tenant(s) of Stand Number** **Thorn Valley Estate confirm that henceforth I/we require the following Domestic Staff members to make use of the :**

Blackrock Gate House <small>(Tick Box If Applicable)</small>		Stoneridge Gate House <small>(Tick Box If Applicable)</small>	
Name Of Domestic		Days Access Required	
Name Of Domestic		Days Access Required	
Name Of Domestic		Days Access Required	
Name Of Domestic		Days Access Required	

SIGNED **THIS DAY OF****20...**