



BROKEN ARROW

Where opportunity lives

Security Gate Entrance License Application

Gate Location Address: _____

Mailing Address: (if different from above) _____

Subdivision/Business/Residence Name: _____

Requirements:

Please refer to the manual of Fees for license fee (www.brokenarrowok.gov)

Make checks payable to: The City of Broken Arrow

Permitting and Licensing Attn: Gated Communities

PO Box 610

Broken Arrow, OK 74013

Gated Type: Apartment Complex _____ Storage Building Complex _____
Subdivision _____

Individual Residence _____ Business _____ Other _____

Knox Box Yes / No (required)

Contact Information:

Contact 1 _____ Contact 2 _____

Phone # _____ Phone # _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Additional Information:

City assigned gate codes are four digit codes. If you require more than 4 digits or any special instructions for your code, please list the here. (Ex: "#" before code)

New access code numbers for Emergency & Utility personnel will be issued to you annually and will be in effect January 1st - December 31st.

Responsible Party Signature: _____

Date: _____