



MAILBOX KEY APPLICATION

Owner: _____

Lot Number: _____ Cannonsgate Address: _____

Email: _____

If key(s) are lost key **blanks** are available for a fee of \$20.00 each.

I, _____, hereby acknowledge that I am requesting two (one original and one blank) keys for the mail house Cannonsgate at Bogue Sound Homeowners Association, Inc. for the address listed above.

Owner's Signature: _____ Date: _____

Please email, fax, or mail this completed form to CAMS:

E: email@camsmgt.com | F: 252.247.4339

Cannonsgate c/o CAMS

4644-B Arendell Street

Morehead City NC 28557

You will be notified via email to the address on file, unless a different email address is noted above, when your mailbox keys are ready for pick up from the Guard House.

www.camsmgt.com

4644-B Arendell Street, Morehead City, NC 28557

P: 252.247.3101 | F: 252.247.4339 | E: email@camsmgt.com