

HOMEOWNERS ASSOCIATION #1, INC.

## VACATION WATCH FORM

Owner's Name:		_Unit	_ Lot	
Sun Lakes Address:				
Destination Address:				
Destination Phone or Cell #:				
E-MAIL Address:				
Date Leaving:	Date Returning:			
Caretaker:	Phone#:			
Has Key? Yes	No			
Emergency Contact:	Phone#:			
COMMUNITY SERVICES REPRESENTATIVE WILL CHECK EXTERIOR OF THE HOME				
Months @ \$10 per month Inspect 1 time/week   Months @ \$15 per month Inspect 2 times a week   1 to 3 weeks @ \$3 per week 1 inspection. 2 inspections a week \$4 per week.				
TOTAL AMOUNT RECEIVED: \$	CK#	PAID TH	ROUGH_	<u>//</u>