



VACATION WATCH FORM

Owners Name _____ Unit _____ Lot _____

Sun Lakes Address _____ Phone _____

Destination Address _____

Destination phone or Cell phone# _____

E-MAIL Address _____

Date Leaving _____ Date Returning _____

Caretaker _____ Phone # _____

Has Key? Yes _____ NO _____

Emergency Contact _____ Phone # _____

SECURITY WILL CHECK EXTERIOR OF THE HOME

- _____ MONTHS AT \$10.00 Inspect 1 time/week
- _____ MONTHS AT \$15.00 Inspect 2 times /week
- _____ MONTHS AT \$20.00 Inspect every other day
- _____ WEEKS AT \$4.00

FOR OFFICE USE ONLY:

PAID THROUGH ___/___/___

AMOUNT PAID _____ CASH _____ CHECK# _____