VACATION WATCH FORM

Owner's Name: _____ **Unit** _____ **Lot** _____

Sun Lakes Address: _____

Phone: _____

Email Address: _____

Date Leaving: _____ **Date Returning:** _____

Emergency Contact: _____ **Phone:** _____

INSPECTION SCHEDULE:

$25.00 MONTHLY – **2** INSPECTIONS PER WEEK – NUMBER OF MONTHS: _____

$8.00 WEEKLY – **2** INSPECTIONS PER WEEK – NUMBER OF WEEKS: _____

AMOUNT RECEIVED: $ _____**Cash _OR CK#**_____

PAID THROUGH _____/_____/_____ (No refund for early return)

Watch Log:

Date	Time	Initial	Date	Time	Initial	Date	Time	Initial	Date	Time	Initial