

Spruce Creek Fly-In Community Safety & Security Department

Vacant House Contact Form

DATE _____

RESIDENT INFORMATION:

Name _____ Address _____

Phone Home _____ Phone Cell _____

Departure Date _____ Return Date _____

ADDRESS AWAY FROM HOME:

Name _____ Phone _____

Address _____

EMERGENCY CONTACT:

Name _____ Phone _____

Address _____

SPECIAL INSTRUCTIONS/INFORMATION ABOUT RESIDENCE:

Lights ON _____ OFF _____ Timer Lights ON _____ OFF _____

Vehicle in Garage _____ License number _____ Vehicle in Driveway _____ License number _____

Will anyone be visiting your home while away? _____

If yes, please explain giving visitor's name

If no one is allowed in your home during your absence, do you want to **BLOCK ALL GUESTS?**

Yes _____ No _____

DISCLAIMER:

I, _____, HEREBY AUTHORIZE Spruce Creek Security to check my property while I am away. I understand that neither Spruce Creek Security nor the POA accepts any responsibility at any time for my home, property or belongings.

Signature _____

Date _____

Received by _____

Date _____