



Address: _____

Start Date: _____ End Date: _____

Leisure Village Association Inc.
SAFETY & SECURITY SERVICES
Vacation Extra Patrol Form

Name: _____ Address: _____

Date Start: _____ Date End: _____

Emergency Contact Name: _____ Telephone: _____

Does this Emergency Contact have a key to your home? YES Or NO (circle one)

Emergency Contact Name: _____ Telephone: _____

Does this Emergency Contact have a key to your home? YES Or NO (circle one)

Important Information:

Based on experience, the Safety & Security Department **STRONGLY RECOMMENDS** that you take the following loss prevention measures prior to leaving on vacation. If you do not know how to take these measures, please call the Main Gate to have a Patrol Officer assist you at no charge.

1. WATER MAIN TURNED OFF? YES NO (Circle One)
 2. WATER HEATER POWER TURNED OFF YES NO (Circle One)
 3. HEATER / AIR CONDITIONER TURNED OFF YES NO (Circle One)
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The Safety & Security Department also recommends the following checks:

- Lock all Doors & Windows
- Un-Plug Garage Door Opener
- Small Appliances Un-Plugged
- Stop Mail & Newspaper Or have a friend pick-up
- Stove / Oven Turned Off
- Lights Off

Miscellaneous Information:

Have a Great Vacation