

**SAND POINT
MAINTENANCE COMMISSION
SECURITY RESIDENCE CHECK**

Please complete the following if you are going to be away from your residence for an extended period of time and wish to have the Security Officer check your property during patrol.

**This form may be slid under the door
of the Security Gate House.**

TODAY'S DATE: _____

YOUR NAME: _____

PHONE: _____

ADDRESS: _____

DATES YOU WILL BE OUT OF TOWN:

FROM: _____

TO: _____

WHILE OUT OF TOWN:

() _____.

SEATTLE AREA EMERGENCY CONTACT:

NAME: _____

PHONE: _____

DOES THE EMERGENCY CONTACT HAVE A KEY TO YOUR HOME? _____

DO YOU HAVE A SECURITY SYSTEM: YES _____ NO _____

IF "YES", NAME OF AN AUTHORIZED PERSON HAVING A KEY AND ABLE TO DISENGAGE ANY FALSE ALARMS

NAME _____

DAY PHONE: _____

EVENING PHONE: _____

PERSONS AUTHORIZED ON PREMISES (e.g., house sitter, relative(s), lawn service, etc.)

AUTOS TO BE LEFT AT RESIDENCE: _____

COMMENTS: _____
