LAKE JOVITA HOUSE-CHECK REQUEST

(PLEASE COMPLETE & GIVE TO ENTRANCE GATE SECURITY GUARD IF YOU WISH TO HAVE SPECIAL SECURITY COVERAGE WHILE YOU ARE AWAY)

NAME: _____

STREET ADDRESS: _____

HOME PHONE#: _____ **CELL PHONE#:** _____

DEPARTURE DATE: _____ **RETURN DATE:** _____

To reach you case of an emergency call: _____

Other contact in case of an emergency: _____

Name: _____; **Phone#:** _____

Pets: ____**No;** ___ **Yes - Sitter Name:** _____

Newspaper delivery cancelled: ____**Yes;** ____ **No** **U.S. Mail being held by post office:** ____ **Yes;** ____ **No**

Neighbors having a key to home: ____ **None;** **If yes please list**

Name: _____ **Phone#:** _____

Provide any additional information Lake Jovita Security should know:

_____

_____

Security use only: (Date & Initial each day)