

Community Watch Resident Out of Area Registration Form

District Office: 3571 Kiessel F	Please Return Comp Road or at one of the Customer Servi	pleted Form to Custom ice Satellite Offices: 120		a Hacienda
*Name:			*Start Date:	*End Date:
*Address (including Zip Code):			*Village of:	*Home/Cell Phone: H: C:
Key Holder Name:	Relationship:	Address:	·	Phone:
Emergency Contact:	Relationship:	Address:		Phone:
Neighbor/ Contact:	Relationship:	Address:		Phone:
Neighbor/ Contact:	Relationship:	Address:		Phone:
*Where can YOU be reached in case of an Emergency? (list cell phone if appropriate) Address:				Phone:
*Email:			T	0 W M
Vehicle on Property? $\Box Y \Box N$			Interior lights on ti	mer? □Y □N
Make of Vehicle:			(locations)	
Alarm System?: □Y □N				
during normal business h	gram, upon your return to the ours: 8:00a.m5:00p.m. Mo Center is staffed around the	nday thru Friday, 3	352-753-4508. In t	•
	ty: by performing the services set fort odily injury, property damage or o	_		
agency and Owner or designary situation. I agree to assume roof The Villages Community Devonnection with performing the whole or in part, by a negliger	ted Key Holder. I authorize my Keesponsibility for any costs incurred relopment Districts, and all their of cose services set forth above, include at act or omission of the Villages Control of the V	ey Holder to enter my d. I hereby release, ho fficers and employees ding but not limited to Community Developm	property and take needed harmless, covenant from any claims and of any injury, damage of the nent District or its ager	demands arising out of, or in r loss caused or contributed to, in nt.
HOLD HARMLESS, understa	r, I acknowledge and represent to and it and sign it voluntarily as my en agreement, have been made; and same.	own free act and deed	l; no oral representation	ns, statements, or inducements,
(Your Signature)	Date rovide a safe community for Village I	U/L # Residents by keeping a	. •	ture of District Employee/Date) the clock.