

Vacation Watch Request

Name:			
Address:			
Departure Date:	Appro	ximate Time:	
Return Date:	Appro	oximate Time:	
EMERGENCY CONTA	<u>.CT PERSON</u>		
Name:			
Address:			
Phone:			
Will your home have any Hurricane Shut Lights on Vehicles or box		or car:	
car/boats from private prop to move car/boat. <i>If you we</i> to call the tow company.	perty. However, we will make an attemperant the car/boat towed it is the responsib	, the police department cannot tow to contact the car/boat's registered owner to ask pility of the homeowner or other responsible party and capers, Maintenance, Cleaning Company,	
Name	Phone #	Do they have keys?	
Department to make period such service is solely within agree that neither I nor my Department, the Chief of P	lic checks of the premises during my absorbed the discretion of the Key Colony Beach heirs or assigns shall have any cause of a colice, the City of Key Colony Beach or a	ve. I request the Key Colony Beach Police tence. I understand the provision and extent of the Police Department. I further understand and action against the Key Colony Beach Police any of its employees for the failure to provide, or notify the Key Colony Beach Police Department	
Signature:		Printed Name & Date:	