

RESIDENT'S ADVISEMENT OF EXTENDED ABSENCE

This form must be completed by the resident and returned to the security gatehouse on or before the date of departure.
Please call the gatehouse upon your return 353-0911 to discontinue the house check

NAME	DATE OF DEPARTURE	APPROXIMATE DATE OF RETURN
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS	GATE ACCESS CODE
<input type="text"/>	<input type="text"/>

TELEPHONE NUMBER	EMERGENCY CONTACT NUMBER
<input type="text"/>	<input type="text"/>

ALARM MONITORING COMPANY	PHONE NUMBER (INCLUDE AREA CODE)
<input type="text"/>	<input type="text"/>

CARETAKER NAME	PHONE NUMBER (INCLUDE AREA CODE)
<input type="text"/>	<input type="text"/>

LOCAL RESIDENT BELOW WILL ADVISE SECURITY HOW TO ENTER MY RESIDENCE NAME AN ADDRESS	PHONE NUMBER (INCLUDE AREA CODE)
<input type="text"/>	<input type="text"/>

PERSONS OR COMPANIES AUTHORIZED TO ENTER ONTO/INTO MY RESIDENCE NAME OF PERSON OR COMPANY	PHONE NUMBER (INCLUDE AREA CODE)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Release of liability: By my signature or by phone authorization, consent is hereby given for any security personnel employed or retained by Royal Palm Improvement Association, Inc., at their discretion to enter upon and into my property for conducting routine patrols and where appropriate enter my residence to prevent a hazard to life or property. I hereby release and hold harmless the Association, its' Officers, Board of Directors, Governors, Members, Employees, or Security Personnel liable for any personal injury or death, or for any claim, loss, or damage to property resulting from any act by the Association its Agent or Employees except for the following:

- (1) Gross Negligence, (2) Intentional Wrongful (Tortuous) Acts, and (3) Those acts for which the Association has procured liability insurance, which is in force and effect.

SIGNATURE	DATE
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FOR SECURITY DEPARTMENT USE ONLY

DATA BASE ID#	DATE OF PHONE CALL	TIME OF PHONE CALL	NAME/PHONE NUMBER OF AUTHORIZATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECURITY OFFICER'S NAME	SECURITY OFFICER'S SIGNATURE
<input type="text"/>	<input type="text"/>

DATE CHECKED	OBSERVATIONS	INITIALS
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE RESIDENT RETURNED	DEGGY LOCATION
<input type="text"/>	<input type="text"/>