

Form Received By: _____	<h2 style="margin: 0;">Quail Creek Patrol</h2> <h3 style="margin: 0;">Vacation Watch Request</h3>	<i>Initial Check by Patrol:</i> Date: _____ Time: _____ Officer: _____ Rear Entry: L R E Comments: _____
Date Received: _____	<p>Drop off completed form at gatehouse or concierge desk. Home checks will be done during the dates you indicate below.</p> <p><i>Upon your return to Quail Creek, please notify the gatehouse. If your return date changes call gatehouse @ 520-393-2941.</i></p>	
Departure Date _____ Date Vacation Watch Ends _____ If your return date changes call gatehouse @ 520-393-2941		Patrol Checks Date & Initials
Last Name _____ First Name _____		_____
Owner / Renter (circle one) UNIT # _____ LOT# _____		_____
Address _____		_____
Home Ph# (_____) _____ - _____ Cell # (_____) _____ - _____		_____
Other Ph# (_____) _____ - _____ Specify _____		_____
E-mail Address _____		_____
Emergency Contact Name/Number _____		_____
Additional information such as pet sitter, housekeeper, guest/renter, scheduled home repair: _____ _____		_____
NAME/PHONE OF LOCAL CONTACT PERSON, PROPERTY MANAGEMENT, OR HOME WATCH COMPANY.		_____
CONTACT or COMPANY NAME _____		_____
PHONE _____		_____
CURRENT LANDSCAPING COMPANY _____		_____
PHONE _____		_____
DOES YOUR LANDSCAPER HAVE PERMISSION TO DO EMERGENCY WORK IN YOUR ABSENCE IF WE CANNOT REACH YOU? YES NO		_____
IN THE CASE OF A LONG TERM ABSENCE, THE FOLLOWING INFORMATION HAS BEEN PROVIDED FOR CHANGE OF ADDRESS: Quail Creek Crossing: Linda Robson, 1-480-895-4506 Robson Credit Card: Porsha Rangel, 480-895-4204; Membership Dues: Jennifer Malis, 480-895-4264 or e- mail at Jennifer.Malis@Robson.com		_____