

CANDLELIGHT OAKS VACATION WATCH FORM

PLEASE COMPLETE ALL INFORMATION

Submit your information at least seven (7) days before departure:

- E-mail as an attachment to: shelly@homelandprotect.com

NAME OF RESIDENT: _____

ADDRESS: _____

TELEPHONE: _____

VACATION PLANS:

DEPARTURE DATE: _____

RETURN DATE: _____

VEHICLES PRESENT:

MAKE/MODEL	COLOR	YEAR	LICENSE NO.	LOCATION (circle one)		
				GARAGE	DRIVEWAY	STREET
				GARAGE	DRIVEWAY	STREET
				GARAGE	DRIVEWAY	STREET
				GARAGE	DRIVEWAY	STREET
				GARAGE	DRIVEWAY	STREET

ALARM	YES	NO
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EMERGENCY CONTACTS

NAME	CONTACT INFO