



I request a security check be made of my residence. I agree to notify Castle Pines Emergency Services of my return should it vary from the date listed below.

Address _____ Phone _____

Name _____

Departure Date _____ Return Date _____

Request for walk around: Yes No *If "No" is selected, Security will do drive by only.*

I give permission for a Patrol Officer to enter the residence to check the home if a door is found unsecure or if Emergency Services receives an alarm:

Yes, enter any time Yes, only after you have called first No

If Emergency Services receives a fire alarm, observes signs of damage or a possible water leak do you authorize ES and South Metro Fire Department to enter the home?

Yes, enter any time Yes, only after you have called first No

In our absence we can be reached at this number _____

Will anyone be working about or have access to your premises? Yes No

If "Yes", please give names _____

Will anyone be staying at your residence during your absence? Yes No

If "Yes", please give names _____

Emergency Contacts:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Emergency Services' goal is to conduct an exterior perimeter check of your premises once in a 48-hour period. Sometimes, due to the large number of residents on vacation, we cannot meet this goal. I understand if there is an issue ie. open door, fire alarm, etc ES will make an attempt to contact you and may enter the home if necessary. Emergency Services is providing this as a courtesy service and not as a guarantor or insurer against damage to the property. Emergency Services, Castle Pines Homes Association, the CPHA Board of Directors, and/or any employee, agent, director, and/or manager of the CPHA will not be liable for any damages to property due to vandalism, natural forces or any other causes.

Signature _____ Date of Request _____