



Emergency Services
Vacation Check Request

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.*

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 check your premises once in a 48-hour period. Sometimes, due to the large number of residents on vacation, we cannot meet this goal. 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 _____