

**CONFIDENTIAL**



**Castle Pines Emergency Services  
Homeowner Information Sheet**

Return to: ES Office 688 W Happy Canyon Rd. Castle Rock, CO 80108  
Email: [esadmin@castlepinesvillage.org](mailto:esadmin@castlepinesvillage.org)  
Fax: 303-688-4992

Address \_\_\_\_\_

Owned: Y / N      Leased: Y / N

**Resident Information** (Please print)

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

**Children Living in Home**

| Name  | Minor Y/N | Authorized to clear guests Y/N | Year of Birth |
|-------|-----------|--------------------------------|---------------|
| _____ | _____     | _____                          | _____         |
| _____ | _____     | _____                          | _____         |
| _____ | _____     | _____                          | _____         |
| _____ | _____     | _____                          | _____         |
| _____ | _____     | _____                          | _____         |

**Telephone Numbers** (Please prioritize the numbers in the order you would like us to use to contact you)

**Home/Work/Cell**

1) \_\_\_\_\_ H / W / C Name: \_\_\_\_\_

2) \_\_\_\_\_ H / W / C Name: \_\_\_\_\_

3) \_\_\_\_\_ H / W / C Name: \_\_\_\_\_

4) \_\_\_\_\_ H / W / C Name: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ H / W / C Name: \_\_\_\_\_

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**Resident Email**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

**Verbal Validation Code** (Code given to identify you, the resident when clearing guests by phone or at the gate)

\_\_\_\_\_

**Permanent Guest List** (individuals we allow entry without your prior notification)

Note: Guest names remain in our database until we are notified by you to remove them

| Name  | Relationship | Name  | Relationship |
|-------|--------------|-------|--------------|
| _____ | _____        | _____ | _____        |
| _____ | _____        | _____ | _____        |
| _____ | _____        | _____ | _____        |
| _____ | _____        | _____ | _____        |

**Owners Alternate Mailing Address**

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Medical Issues** (Describe any medical condition of special need that would be important to Emergency Medical Technicians when they respond to an alarm or call from your home; e.g. hypertension, residual symptoms of a stroke, paralysis, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pets** (Please include: breed, color, name, age and disposition)

1) \_\_\_\_\_

2) \_\_\_\_\_

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Additional/Special Information

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I certify that the information provided in this Homeowner Information Sheet is correct (not necessarily complete) as of this date and may be used by the Association and its emergency Services Department in **STRICT CONFIDENCE** in responding to alarms or calls from my home or to otherwise provide professional services to me, my family and my guests. I agree to keep Emergency Services informed of changes in my information so that the above services may be provided in an efficient manner. Vehicles listed for transponder sticker issue are my property and I will remove the sticker and notify Emergency Services when the vehicle is sold, destroyed or otherwise transferred from my ownership.

\_\_\_\_\_  
Homeowners Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowners Name and Signature

\_\_\_\_\_  
Date