

Community Watch Resident Out of Area Registration Form

District (Please Return Compl Office: 984 Old Mill Run or Cus			h Morse Blvd
*Name:			*Start Date:	*End Date:
*Address (including Zip Code):		*Village of:	*Home/Cell Phone:
				Н:
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Key Holder Name:	Relationship:	Address:		Phone:
Emergency Contact:	Relationship:	Address:		Phone:
Neighbor/ Contact:	Relationship:	Address:		Phone:
Neighbor/ Contact:	Relationship:	Address:		Phone:
*Where can <u>YOU</u> be reached in case of an Emergency? (list cell phone if appropriate)				Phone:
Address:				
*Email:				
Vehicle on Property? □Y □N			Interior lights on timer? □Y □N	
Make of Vehicle:			(locations)	
Alarm System?: □Y □N				
	gram, upon your return to the	•		<u> </u>
during normal business h	ours: 8:00a.m5:00p.m. Mo	nday thru Friday,	352-753-4508. In t	he event of an emergency
	Center is staffed around the	clock: 352-753-05	550.	
	by performing the services set forth			nent District does not assume any rd parties located upon or utilizing
agency and Owner or designat situation. I agree to assume re The Villages Community Dev- connection with performing th whole or in part, by a negligen In signing this release/waive: HOLD HARMLESS, understa	terms to the control of the control	ey Holder to enter my d. I hereby release, he ficers and employees ding but not limited to community Developm that I have read the fo own free act and deed	property and take necessive property necessive prop	essary action to abate the not to sue, and forever discharge emands arising out of, or in r loss caused or contributed to, in t. VAIVER OF LIABILITY AND ons, statements, or inducements,
incoming to be bound by the s				
(Your Signature)	Date ovide a safe community for Village I	U/L # Residents by keeping a		ture of District Employee/Date)