

Community Watch House Check Registration Form
PLEASE PRINT ALL INFORMATION

HOUSE CHECK **EXTENSION** **CONTROL #**

Charges: \$6 plus tax per week OFFICE USE ONLY	number of weeks	X \$6.00/wk	= subtotal	+ sales tax	= remittance

*Name: _____ *Start Date: _____ *End Date: _____

*Address (including Zip Code): _____ *U/L# _____ *Village _____

*Home Phone: _____ *Cell Phone(s): _____

Key Holder Name: _____ Relationship: _____ Address: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Address: _____ Phone: _____

Neighbor/Contact: _____ Relationship: _____ Address: _____ Phone: _____

Where can **YOU** be reached in case of an Emergency? (list cell phone if appropriate)

Address: _____ Phone: _____

*Email Address: _____

Vehicle or Golf Cart on Property/In Garage? (circle one) Y N Any Interior lights on timer? Y N

Make of Vehicle: _____ (locations)

How long will it be on property:
*ANY Doors/Windows opened/unlocked? Y N Please NOTE BELOW Alarm System? Y N

Garage Window	Front Screen Doors	Lanai Screen Doors	Birdcage	Gates	Home for Sale? <input type="checkbox"/> Y <input type="checkbox"/> N	Any Work Planned <input type="checkbox"/> Y <input type="checkbox"/> N
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Is anyone allowed to park in your driveway? Y N Pick TWO – Make, Model, Color, Tag Have you cancelled the newspaper Y N

Is anyone allowed to use your pool / hot tub. Y N First and Last Name of ALL people allowed to use

Check ALL home services that will continue in your

Lawn care services	<input type="checkbox"/> Y <input type="checkbox"/> N	Service provider: _____
Pool/Spa services	<input type="checkbox"/> Y <input type="checkbox"/> N	Service provider: _____
Lawn Irrigation (sprinkler) services	<input type="checkbox"/> Y <input type="checkbox"/> N	Service provider: _____
Pest control services	<input type="checkbox"/> Y <input type="checkbox"/> N	Service provider: _____
Any interior home services	<input type="checkbox"/> Y <input type="checkbox"/> N	Service provider: _____

ADDITIONAL COMMENTS BELOW

DEACTIVATION of this House Check service, upon your return to The Villages, may be made by calling the Customer Service Center between 8:00a.m.-5:00p.m. Monday thru Friday at : **352-753-4508**. In the event of an emergency, call our Emergency Dispatch Center **352-753-0550** 24 hours a day / 7 days a week. **NO REFUNDS FOR SUSPENSIONS OR EARLY DEACTIVATION OF THIS HOUSE CHECK**

******NO HOUSE CHECKS WILL BE PERFORMED WHILE THE HOME IS OCCUPIED******

Unconditional and Full General Release

I acknowledge and agree that by performing the services set forth above, the Village Center Community Development District, Sumter Landing Community Development District, Brownwood Community Development District, Village Community Development Districts 1-15, Holding Company of The Villages, Inc., The Villages Land Company, LLC, The Villages Operating Company, North Sumter County Utility Development District and Wildwood Utility Dependent District (collectively, the "Parties") do not assume any responsibility or liability for bodily injury, property damage or other loss or injury to me, my property or third parties located upon or utilizing said real property.

IN THE EVENT OF AN EMERGENCY INVOLVING MY HOME, I request that Community Watch contact the appropriate emergency agency and designated Key Holder or Owner. I authorize my Key Holder to enter my property and take necessary action to abate the situation. I agree to assume responsibility for any costs incurred.

In consideration of receipt of the services set forth above, I, for myself and for my executors, administrators, personal representatives, assigns, heirs, and next of kin hereby agree to:

1. Release, hold harmless, covenant not to sue, and forever discharge the Parties and all their officers, employees, directors, members, executives, agents, affiliates, representatives, successors and assigns (collectively, with the Parties, the "Released Parties") from any claims and demands arising out of, or in connection with performing those services set forth above, including but not limited to any injury, damage or loss caused or contributed to, in whole or in part, by a negligent act or omission of the Released Parties.
2. Indemnify the Released Parties from and against any loss, liability, damage or cost that I may incur due to involvement in the services set forth above, whether caused by negligence, action or inaction of the Released Parties or other individual or entity.
3. Agree the foregoing release and waiver is intended to be as broad and inclusive as permitted by Florida law, and that if any portion is held invalid for any reason, the balance should continue in full legal force and effect.

IN SIGNING THIS RELEASE/WAIVER, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing RELEASE/ WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. I further agree that this release and waiver agreement shall remain in effect as to each released party at all times during which I continue to receive the services set forth above.

Resident Signature _____ Date _____ District Employee Signature _____ Date _____

Make Checks Payable to VCCDD. Mail to: 984 Old Mill Run, The Villages, FL 32162 Attention: Customer Service