HIDE-A-WAY HILLS CLUB MEMBER REQUEST FOR HOUSE CHECK

	DRIVE-BY PHYSIC	CAL	
MEMBER NAME:		LOT #:	
DEPARTURE DATE:	RETURN	DATE:	
TYPE OF PREMISES: RESIDENTIAL	BUSINESS OTH	IER	
IN CASE OF EMERGENCY, PLEASE ATT	TEMPT TO CONTACT THE FOL	•	_
NAME	<u>PHONE</u>	KEYS? <u>Y</u> N	ALARM CODE? Y N
DO YOU ALSO WISH TO BE CONTACT	ED BY COLLECT CALL? YES	S NO	
IF YES, PHONE #			
WILL ANY VEHICLES BE LEFT ON THE	PROPERTY? YES	NO IF YES, DESCRI	BE VEHICLE(S)
IF YOU HAVE A SECURITY ALARM, W	ILL IT BE ACTIVATED? YES	NO	
IS ANYONE AUTHORIZED TO VISIT YO	OUR PROPERTY IN YOUR ABS	ENCE? YESNO	
IF YES, WHO?			
I, inspection of my property in Hide- Club Security upon my return.			
MEMBER SIGNATURE		DATE	
RECEIVED BY:	DAT	E:	

Security – Member house check request form.docx

Copy to HAH Club Office for member file