



TWIN LAKES SECURITY VACATION NOTIFICATION FORM

Please provide the following information (5) days prior to your vacation.

Resident: _____ Phone: _____

Address: _____

City: Federal Way State: WA Zip 98023

Email _____

TRIP DETAILS

Leave date and time: _____

Return date and time: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Do they have access to home? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Is home alarmed? ☐ Yes ☐ No

Will pets be left in the home? ☐ Yes ☐ No

Are you expecting visitors? ☐ Yes ☐ No

If yes, please list: _____

Please list any other helpful information or instructions:

Signature

Date