

**MUST BE AWAY FOR A MINIMUM OF 2 WEEKS**

**SUN CITY GRAND VACATION WATCH REQUEST**

C.H.A.P.S. – (Community Homeowners Association Patrol Service)  
19726 N. Remington Dr., Surprise, AZ 85374 (623) 546-7553

For office use

Membership # \_\_\_\_\_ Date \_\_\_\_\_  
Resident name \_\_\_\_\_ Cell number \_\_\_\_\_  
Phone number \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Neighborhood \_\_\_\_\_ Lot # \_\_\_\_\_  
Leaving for vacation on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Returning: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_


House for Sale \_\_\_ Yes \_\_\_ No Paid House Sitting Service \_\_\_ Yes \_\_\_ No  
**DISCARD PHONE BOOKS :** Yes \_\_\_\_\_ No \_\_\_\_\_

**HOMES FOR SALE AND HOMES UTILIZING A PAID HOUSE SITTING SERVICE CANNOT BE ACCEPTED FOR INSPECTION.**

***THE FOLLOWING INFORMATION MUST BE COMPLETED:***

You may locate me at: Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Check your Homeowners Manual for information about securing your home while away.**

Check if applicable: \_\_\_ Back gate locked \_\_\_ Lights on inside \_\_\_ Lights on outside \_\_\_ Activated Alarm

Alarm company name and phone number: \_\_\_\_\_

**VEHICLES - Check if applicable:**

\_\_\_ Vehicles left outside - How many? \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_ Vehicles in garage - How many? \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

1. Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**LOCAL KEYHOLDER (REQUIRED):** Person(s) authorized to enter your home if a problem is found.  
C.H.A.P.S. WILL NOT INSPECT A HOME IF A LOCAL KEYHOLDER IS NOT DESIGNATED ON THIS FORM.

1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

*The C.H.A.P.S. volunteer service will make periodic outside checks of the property and report to the police or the designated contacts if damage or breaches of security are found. C.H.A.P.S. volunteers assume no responsibility for the property, but merely inspect and report. The number of current requests and the number of volunteers available will determine the frequency of inspections. With your signature below you agree to the terms as stated above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO MEMBERSHIP DESK  
IN THE PALM CENTER**

✂.....✂..... CUT ON DOTTED LINE AND PLACE LOWER PORTION NEAR YOUR PHONE.....✂.....✂

Your request expires on the date you have indicated for your return. You do **NOT** need to call the C.H.A.P.S. office unless you return **BEFORE** the indicated date or wish to specify a new return date.

**24 Hour C.H.A.P.S. phone: 623- 546-7553 or email chaps.chaps@scgcam.com**

**When leaving a message, please be prepared with the following information:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Indicated Return date \_\_\_\_\_ Neighborhood \_\_\_\_\_ Lot # \_\_\_\_\_

C.H.A.P.S. consists of volunteers. Donations are welcome and appreciated and can be made at the membership desk in the Palm Center.

**SEE REVERSE SIDE FOR SECURITY TIPS**