

**SUN CITY GRAND C.H.A.P.S.**  
**VACATION WATCH REQUEST**

19726 N. Remington Dr., Surprise, AZ 85374 (623)546-7553

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

For office use only	
Received	
Area	
Section	
Closed	
Donation	

Membership # \_\_\_\_\_ Date \_\_\_\_\_

Resident Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Neighborhood \_\_\_\_\_ Lot # \_\_\_\_\_

LEAVING FOR VACATION ON: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

RETURNING FROM VACATION ON: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**\*\*C.H.A.P.S. WILL NOT INSPECT A HOME IF A LOCAL KEYHOLDER IS NOT DESIGNATED ON THIS FORM\*\***

LOCAL KEYHOLDER (REQUIRED): Person(s) authorized to enter your home if a problem is found.

Keyholder's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Is anyone, other than the keyholder, authorized to be in your home?

If yes, who \_\_\_\_\_

The C.H.A.P.S. volunteer service will make periodic outside checks of the property and report to the designated local keyholder or police 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 keep lower portion. -----

Your request expires on the date you have indicated for your return. If returning early, please call the C.H.A.P.S. office at 623-546-7553 and leave a message or email at: [chaps.chaps@scgcam.com](mailto:chaps.chaps@scgcam.com)

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.

