

Kissing Camels Estates

Resident Away Notice Form

Date: _____

Resident's Name: _____

Resident's Address: _____

Departure or Away Date: _____ Expected Return Date: _____

TRASH / RECYCLE PICK-UP SERVICE: Trash and Recycling Service may or may not be halted during the duration of your absence depending on which box you check below: Check "Yes" to halt services. Check "No" if someone will occupy your home during your absence or you will be away less than 4 weeks and trash service will be needed.

YES - I will be away longer than 4 weeks and my trash/recycle pick up services **will not be needed** during the duration of my absence.

NO - I will be away less than 4 weeks, or my house will be occupied during my absence and my trash/recycle pick up services **will be needed during** the duration of my absence.

Resident's Emergency Contact Numbers: _____

Local Emergency Contact Information

Name: _____ Relation: _____ (if applicable)

Contact Numbers: _____

Name: _____ Relation: _____ (if applicable)

Contact Numbers: _____

Comments: _____

I will have a house-sitter or a designated visitor to check on the property.

House-sitter/visitor name: _____ Contact Number: _____

House-sitter/visitor has my permission to call in guests. YES NO