



VACATION WATCH FORM

PLEASE PRINT OR TYPE ALL INFORMATION

SUBDIVISION: **OAK FOREST** MEMBERSHIP ID*: _____

ADDRESS: _____

NAME: _____

TELEPHONE: _____

START DATE: _____

END DATE: _____

***IF YOU DO NOT KNOW YOUR MEMBERSHIP ID, PLEASE SEND AN EMAIL TO: treasurer@myoakforest.org (In the subject line write "Membership ID"; please include your name, address and phone number in the body of your email)**

VEHICLES:

COLOR	YEAR	MAKE/MODEL	LICENSE NO.	LOCATION: SELECT ONE
				GARAGE/DRIVEWAY/STREET
				GARAGE/DRIVEWAY/STREET
				GARAGE/DRIVEWAY/STREET

LIGHTS LEFT ON: YES NO

LIGHTS ON TIMERS: YES NO

ALARM: YES NO

PETS: YES NO

IF YES, LOCATION:

VISITORS:

NAME	ADDRESS	TELEPHONE NUMBERS: HOME/WORK

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME	ADDRESS	TELEPHONE NUMBERS: HOME/WORK

ADDITIONAL COMMENT:

PLEASE COMPLETE THIS VACATION WATCH FORM AT LEAST 7 DAYS BEFORE YOUR DEPARTURE AND SEND TO:

- **EMAIL:** VACATIONWATCH@SEALSEcurity.COM
- **OFFICER PICK UP:** 713-422-2770
- **FAX:** 800-281-1044
- **MAIL:** S.E.A.L. SECURITY SOLUTIONS, LLC | 1525 BLALOCK ROAD | HOUSTON, TX 77080-1318