

Initial walk-around: _____
Date Badge Condition

SaddleBrooke Homeowners Association #1

64500 E. SaddleBrooke Blvd.
Tucson, AZ 85739
(520) 825-3048

RESIDENT ABSENCE INFORMATION

The information you provide on this form is confidential. It is provided by you to HOA #1 for emergency purposes, and is kept on file during your indicated absence. If you wish to report changes to your itinerary, please contact the clubhouse office (520) 825-3048 Monday through Friday between 8am to 4pm.

Resident Name: _____ Lot _____ Unit _____

SaddleBrooke Address: _____

Date Leaving Area: _____ Anticipated Return: _____

Home Phone #: _____

Local contact in case of emergency:

Name: _____ Phone #: _____

Address: _____ Has Key: Yes _____ No _____

In case of emergency, we may be reached at:

Address: _____ Phone #: _____

Would you like to have SaddleBrooke HOA #1 correspondence/bills redirected to a different address while you are away:
Yes _____ No _____

If yes, please indicate the new address:

Address City State Zip

Please note that HOA #1 will continue sending correspondence/bills to the above address, until you notify us in writing regarding any changes.

COURTESY HOUSE CHECK AUTHORIZATION

Check the box and sign below if you wish to authorize patrol to check on your home while you are away. Signature is required.

I authorize volunteers of HOA #1 to perform a courtesy house check on my home during the "period of absence" noted above. I acknowledge: (a) that the house check is performed by HOA #1 as a courtesy visual check and that no guarantee is made regarding the security or safety of my house or personal property; (b) that the house check is performed on a random basis with no guaranteed frequency or minimum number of visits during the period of absence; (c) that, at the Association's discretion, a physical on-lot inspection may or may not occur as part of the house-check procedure; and (d) that Section 12.6 of the CC&Rs for SaddleBrooke HOA #1 provides that the Association shall not be liable for any loss or damage by reason of failure to provide adequate security or the ineffectiveness of any security measure it undertakes. I indemnify and hold HOA #1 and its agents and assigns harmless, from any and all liabilities, claims, damages, demands, costs and expenses arising from the courtesy patrol service it is providing or any damage to my house or personal property that may occur during the period of absence noted above.

Required Signature

Date

Consecutive walk around inspections will be conducted every thirty days after the first inspection until the resident has returned. Once homeowner is verified, by telephone or in person, to have returned this sheet will be taken out of the vacation log book and turned in with the Officer Duty Log for appropriate disposition.

	<u>Date</u>	<u>Badge #</u>	<u>Condition</u> (Circle if OK)	<u>Comments/Concerns</u>
1.	_____	_____	<u>OK/Comment:</u>	_____
2.	_____	_____	<u>OK/Comment:</u>	_____
3.	_____	_____	<u>OK/Comment:</u>	_____
4.	_____	_____	<u>OK/Comment:</u>	_____
5.	_____	_____	<u>OK/Comment:</u>	_____
6.	_____	_____	<u>OK/Comment:</u>	_____
7.	_____	_____	<u>OK/Comment:</u>	_____
8.	_____	_____	<u>OK/Comment:</u>	_____
9.	_____	_____	<u>OK/Comment:</u>	_____
10.	_____	_____	<u>OK/Comment:</u>	_____