

SEASONAL DEPARTURE FORM

DATE OF DEPARTURE _____ APPROX. RETURN DATE _____

NAME _____ UNIT # _____

ADDRESS FOR SUMMER _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ ALTERNATE (_____) _____

E-MAIL _____

- * IS ALL OUTSIDE EQUIPMENT/FURNITURE SECURED? YES NO
- * WATER OFF? YES NO
- * GAS OFF (IF APPLICABLE)? YES NO NA
- * ELECTRIC OFF? YES NO
- * LEAVING A CAR PARKED HERE? YES NO

IF SO, MAKE _____ LICENSE # _____ STATE _____

IF SO, WHERE: _____ SPOT # _____

IS SOMEONE TAKING CARE OF CAR? YES NO

WHO _____ UNIT # _____

WHERE ARE KEYS TO CAR? _____

- * WILL YOUR UNIT BE USED ANYTIME DURING THE SUMMER? YES NO
BE SURE TO NOTIFY OFFICE AND HAVE GUESTS SIGN IN AT OFFICE, IF USED.

* DOES THE KEY IN THE OFFICE WORK FOR YOUR UNIT? YES NO

* DO YOU HAVE A BOAT? YES NO

IF SO, IS IT LEFT IN THE MARINA OVER THE SUMMER? YES NO

IF SO, HAVE YOU MADE STORM PROVISIONS FOR YOUR BOAT? YES NO

IF SO, WHAT ARE THEY? _____

* OTHER INFORMATION (USE BACK, IF NEEDED) _____
