

VACATION WATCH REQUEST

CONDO COURT NAME				GRID #	DIV #
SUN CITY ADDRESS	TEL#	CELL#		LEAVE DATE	
LAST NAME	FIRST NAME			RETURN DATE	
VEHICLE(S) OUTSIDE OF GARAGE (CHECK ONE)		LIC#	MAKE	MODEL	COLOR
_____ HOMEOWNER					
_____ OTHER					
LOCAL KEYHOLDER	NAME	ADDRESS		TEL#	
EMERGENCY CONTACT	NAME	ADDRESS		TEL#	
GOING TO ADDRESS	ADDRESS	CITY & STATE	ZIP	TEL#	
SIGNATURE					
EMAIL:					
MAIL TO: SUN CITY POSSE, P.O. BOX 2229, SUN CITY, AZ 85372-2229			PHONE: 623-972-2555		

Please
DO NOT
write in
this space

INSTRUCTIONS:

Mail To:
P.O. Box 2229
Sun City AZ 85372-2229

Email To:
VacationWatch@SunCityPosse.org

TO FILL OUT THE FORM BY HAND:

1. Print the form
 2. Complete and sign this form
 3. Mail the completed form (email address above)
- OR**
- Scan the form and email (address above)

TO FILL OUT THE FORM ONLINE:

Fill in the blanks on the form on your computer screen, type your name on the signature line
THEN
Print the form and mail it to us (address above)
OR
Save the form on your computer, then attach and email the form to us (email address above)

IMPORTANT:

1. **DIGITAL SIGNATURE:** Entering your name serves as an electronic signature authorizing the Sun City Posse patrol to access your property to perform a Vacation Watch house check.
2. **VIBRATION SENSITIVE ALARM:** If you have a vibration sensitive alarm, please note on the card.