SI	UN CITY	POSSE VAC		ATCH	REQUI	ES	г	
COURT NAME:				+ #	GRID	#	DIV #	
SUN CITY ADDRESS			TEL# CELL#		LEAVE DATE			
LAST NAME		FIRST	FIRSTNAME			RETURN DATE		
	DRT: YES	LICENSE#	MAKE	MAKE MODEL		COLOR		Please
KEYS AT LOCAL KEYHOLDER		NAME	ADDRESS		TI	TEL#		DO NOT
IN EMERGENCY NOTIFY:	MERGENCY		ADDRESS		TI	TEL#		write in
GOING	STREETAD	STREETADDRESS						this space
TO ADDRESS	CITY		ST	ZIP	TE	EL#		
SIGNATURI	E							
EMAIL	the second s	ALC: U.S. 27 (1998) 1	u nime	10.00				
POSSE USE ONLY				DATE				
MAIL TO: SUN C	TY POSSE • P.O.	BOX 2229 • SUN CITY. AZ •	85372-2229					

INSTRUCTIONS: Mail To: P.O. Box 2229 Sun City, AZ 85351

Email To: vacationwatch@suncityposse.org

TO FILL OUT THE FORM BY HAND:

1) Print this page.

2) Complete and sign this form.

3) Mail the completed form (address above) OR scan the form and email (address above).

TO FILL OUT THE FORM ONLINE

1)Fill in the blanks on the form on your computer screen, type your name on the signature line, then do one of the following:

a. Print the form and mail it to us (address above). -ORb. Save the form on your computer, then attach and email the form to us (address above).

IMPORTANT:

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.