

LAKELAND VILLAGE COMMUNITY CLUB

PO BOX 184
ALLYN, WA 98524
(360) 275-3508

email: office@llvcc.com website: www.llvcc.com

DATE: _____ LOT: _____ DIV: _____

NAME: _____

ADDRESS: _____

I, _____ do hereby authorize the LakeLand Village Patrol Team to go on my property to see that it is secure. I realize that the Patrol Team will only check the doors and windows of my residence to see that they are secure. In no event shall the Patrol Team enter my home. In the event there is a problem, the Patrol Team will contact the Mason County Sheriff's Office. I also request that the Patrol Team contact:

During the time I am gone, the following people will have access to my property (give names and descriptions of vehicles including license numbers of all who have your permission to be on your property).

Security Lights (if any) _____ Time on _____ Time off _____

This authority to enter my property is in effect from _____ to _____

DO YOU WANT WEEKLY "WALK AROUND SERVICE"? NO _____ YES _____

Signature: _____ YOUR CELL: _____

During the time I am gone, I can be reached at the following address/email and phone number:

Address/Email _____ Phone _____

NOTE: A NEW FORM MUST BE FILLED OUT EACH TIME THAT YOU WILL BE OUT OF THE AREA AND WANT THE PATROL TEAM TO CHECK YOUR PROPERTY. NO PATROL CHECKS WILL BE MADE WITHOUT THIS FORM IN OUR FILE. THE PATROLTEAM WILL DO A FULL "WALK-AROUND" OF THE PROPERTY ONCE A WEEK PLUS THE DAILY DRIVE BYS UNLESS OTHERWISE NOTED. WEEKLY WALK-AROUNDS ARE AT A COST OF \$10 MONTH AFTER THE FIRST MONTH OF SERVICE.