

**LAKELAND VILLAGE COMMUNITY CLUB**

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email: [office@llvcc.com](mailto:office@llvcc.com) website: [www.llvcc.com](http://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 PATROL TEAM 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 \$25 MONTH AFTER THE FIRST MONTH OF SERVICE.