

LEDGESTONE CONDOMINIUM ASSOCIATION

OWNER/TENANT VACATION NOTIFICATION
& EMERGENCY CONTACT INFORMATION

Please complete this form if you plan to be away for more than seven days and inform us of any special instructions. Please turn this form into the Managing Agent five days prior to your departure date. The Managing Agent contact information is listed on the General Information tab on our website.

This information will be kept strictly confidential.

Thank you for your cooperation.

Date: _____ Address/Unit: _____

Resident Name: _____ Away Phone: _____

Departure Date: _____ Returning Date: _____

In Case of an Emergency Contact: ME: _____ Other(name): _____ Phone: _____

Will any one be checking your unit while you are away? Yes _____ No _____ **Please be sure if anyone is checking your unit that you supply them with keys**

If Yes, Name: _____ Phone: _____

Does anyone else have permission to enter your unit? Yes _____ No _____

If Yes, Name: _____ Phone: _____

Will you be leaving a vehicle on the driveway? Yes _____ No _____

If Yes, does anyone have permission to use your vehicle while you are gone? Yes _____ No _____

*We are only inquiring to make sure that if the vehicle is gone, we know whether to report it as stolen or not.

If Yes, Name: _____ Phone: _____

OWNER/TENANT SIGNATURE

RECEIVED BY

DATE