|  |  |  |
| --- | --- | --- |
| **UNITED AMERICAN SECURITY, LLC** | **Put an X next to your choice:** |  |
|  |  |
| **NWH OUT-OF-TOWN SERVICE REQUEST – MEMBERS ONLY** |  **Physical check of** |  |
| ***Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Member Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  **home and property** |  |
|  **Drive-by check** |  |
| ***Member Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  |
|  **only** |  |
| ***Cell Phone #(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |  |  |
| ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |  |

***Departure Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Emergency Contacts***

***Name*** ***Relation*** ***Phone #*** ***Access to House?***

***List the make/model, year, color and license plate of any vehicles parked outside while gone:***

**Input an X next to each question, under the appropriate column, to denote a response of Yes or No.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | ***Further Information*** |  |  |
|  | **YES** | **NO** |  | **YES** | **NO** |
| **Security Alarm ON?** |  |  | **Back gate locked?** |  |  |
| **Mail stopped?** |  |  | **Newspaper stopped?** |  |  |
| **Lights on timers?** |  |  | **Pool service?** |  |  When? |
| **Lawn service?** |  |  When? | **Pets on site?** |  |  Outside?  |
| **Is our patrol listed as a contact for your alarm company?** |  |  |

**\*We encourage you to ask a neighbor to collect your mail and/or newspapers while you’re away.**

***List any additional instructions, pet descriptions, or other info you want us to know:***

After completion, save the form and email as an attachment to **uasnhha@gmail.com**. Please note the email address begins with **UAS**, not USA. It stands for United American Security.
 DATE TIME OFFICER DATE TIME OFFICER DATE TIME OFFICER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |