

**PLAZA SOUTH ASSOCIATION, INC
OUT OF RESIDENCE INFORMATION FORM**

***This Form Should Be Completed And Left With The Manager's Office**

NAME _____ APT NO. _____

DEPARTURE DATE _____ RETURN DATE _____

APT KEYS FRONT DESK? YES NO CAR KEYS FRONT DESK? YES NO

CAR IN GARAGE? YES NO GARAGE PARKING SPACE _____

MAKE / COLOR OF CAR _____

SURVEILLANCE BY _____ KEYS? _____ PHONE _____

HAS APARTMENT WATER (ORANGE VALVE) BEEN TURNED OFF? YES NO

HAS WATER HEATER BREAKER BEEN TURNED OFF? YES NO

WHERE CAN YOU BE REACHED, OR WHO SHOULD BE CONTACTED, IN CASE

OF EMERGENCY? _____

AUTHORIZATION TO ENTER? _____

AIR CONDITIONING CONTRACT WITH _____

APPLIANCE CONTRACT WITH _____

NEW MAILING ADDRESS _____

SPECIAL INSTRUCTIONS _____

SIGNATURE _____ DATE _____