

# HOME SECURITY CHECK REQUEST

SVCA homeowners/tenants can arrange to have SVCA Security physically inspect the exterior of a home while out of town as a requested, paid service.

Scope of Service: SVCA Security will perform an onsite, physical check of a home as such:

- Physically confirm exterior doors and windows which can be reached on foot are secured.
- Monitor the property for indications that the home has been damaged, broken into or vandalized.

If visual inspection indicates that a door or window is unlocked or that the home has been damaged, broken into or vandalized, SVCA Security will attempt to contact the designated Emergency Contact person identified by the homeowner/tenant at the number listed. It is the responsibility of the Emergency Contact to notify the homeowner/tenant of any concerns, investigate these concerns, take corrective action and/or contact law enforcement authorities, if appropriate. SVCA will not enter the home, attempt to lock doors or windows or take any corrective action which may be necessary or desirable to secure the home or to prevent further damage, without explicit permission from the homeowner/tenant. By signing the form below, you authorize SVCA Security to lock doors/windows found to be unsecured when discovered during inspection, prior to notification of designated Emergency Contact.

Frequency of Home Security Checks (check which applies) :  Three times per week \$45.00  
 Twice per week: \$30.00

NAME: \_\_\_\_\_ DIV: \_\_\_\_\_ LOT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_ # WKS: \_\_\_\_\_

CONTACT NUMBER WHILE AWAY: \_\_\_\_\_

### EMERGENCY CONTACT #1

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### EMERGENCY CONTACT #2

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### HOUSE APPEARANCE:

Alarm System: Yes ( ) No ( ) Lights On: Yes ( ) No ( ) On Timer ( ) \_\_\_\_\_ (times on/off)

Cars in Driveway: Yes ( ) No ( ) If yes, amount and description: \_\_\_\_\_

Person(s) entering house: Yes ( ) No ( )  
If Yes, give names, reason and contact info:

\_\_\_\_\_

Additional person(s) approved on property (pet care, lawn care, propane, contractor, etc.):

\_\_\_\_\_

Taken By: \_\_\_\_\_ Dues Current: Yes ( ) No ( ) Balance Due: \$ \_\_\_\_\_

Date Home Check Pymt Rcvd: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Amt Paid: \_\_\_\_\_

### **Acknowledgment / Agreement**

The undersigned being the owner(s)/tenant(s) of the real property described above acknowledge that I/we have read the description of the Home Security Check Program and consent to its terms. I/we understand that SVCA cannot guarantee that our home will not be damaged, broken into or vandalized. I/we agree to inform SVCA in writing of any change in the identity of our designated Emergency Contact or emergency telephone number and that SVCA will bear no responsibility if it is unable to make contact with the designated Emergency Contact during normal business hours at the emergency telephone number which I/we provide.

( ) Homeowner/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( ) Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

