

Gables Estates *Club* Inc.

POST OFFICE BOX 393, SO. MIAMI, FLORIDA 33243-393

OFFICE: (305) 248-7746

FAX: (305) 246-5288

GABLES ESTATES CLUB, INC., ABSENTEE LOG SHEET

NAME:

ADDRESS:

DEPARTURE DATE: _____ ARRIVAL DATE:

WILL THE ALARM BE ACTIVATED? YES: _____ NO: _____

(WE ADVISE ALWAYS ACTIVATING YOUR HOUSE ALARM)

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE NUMBER: _____

NUMBER OF BOATS AT THE DOCK: _____

WILL THERE BE ANYONE PERMITTED ON THE PROPERTY DURING YOUR ABSENCES?

IF YES, PLEASE NAME: _____

EMERGENCY CONTACT AND TELEPHONE NUMBER/S _____

MAID'S NAME: _____ LIVE IN? YES: _____ NO: _____

LANDSCAPING SERVICE COMPANY NAME: _____

EMPLOYEE CONTACT NAME AND PHONE
NUMBER: _____

POOL SERVICE COMPANY NAME: _____

EMPLOYEE CONTACT NAME AND PHONE
NUMBER: _____

OTHER SERVICES: _____

OTHER COMMENTS OR INSTRUCTIONS TO
SECURITY: _____