



**WALLENPAUPACK LAKE ESTATES
PART TIMERS EMERGENCY CONTACT FORM**

Name: _____

Location: Sec _____ Lot _____ Street _____

WLE Phone (if any): _____ Cell: _____

Full Time Residence Address: _____

City: _____ State: _____ Zip: _____

Protected by alarm system: Yes _____ No _____

If yes, what type of alarm? _____

Lights on: Yes _____ No _____ Location in residence: _____

Lights on timer? Yes _____ No _____ If yes, time scheduled: _____

Motion Detector Lights? Yes _____ No _____ Location at residence: _____

Keys left with anyone: Yes _____ No _____ Name of person: _____

Address: _____ Phone: _____

Keys left in WLE Office Property Owners File? Yes _____ No _____

Other persons with access to premises (circle all that apply): Relative - Neighbor - Worker - Other

Name: _____ Address: _____

Phone: _____ Reason: _____

In case of an emergency, do you wish to be notified? Yes _____ No _____

Phone: _____ C/O Name: _____

If we can't reach you, alternate emergency contact: Yes _____ No _____

Phone: _____ Name: _____

Address: _____

Signed: _____ Date of Application: _____