## **PARK DEPARTURES LAZY DAYS VILLAGE**

| This document is required whenever a resident leave  | es the park for a period of two weeks or more.                 |
|--|--|
| Name of Resident:  | Lazy Days House #  |
| Non-resident (NOT LAZY DAYS) Address:  |  |
| Telephone # () Mobile Email:   | Telephone # () Home  |
| Departure Date Plan  | nned Return Date (if known)                                    |
|  |  |
| PLEASE MAKE SURE THAT YOU HAVE CON<br>THEY AGREE TO ASSUME THE RESPONSIB                                   |  |
| Local person holding key to your house:  |  |
| Phone # ()   |  |
| Person responsible for landscaping (mowing)  | , weeding and tree trimming during your absence):              |
|  | Phone # ()   |
| Local person (if any) responsible to contact y   | ou if there is an emergency:                                   |
|  | Phone # ()   |
|  | ds to contact you and you are not available at your<br>entact? |
| Phone # ()   |  |
| Will you be removing a vehicle from the storage area   | yes date<br>no   |
| Vehicle that will be left at your home at Lazy Days  |  |
| Do you want your mail from Lazy Days forwarded to  | your non-resident address? YES NO                              |
| Upon your return to the park, please notify the of   | fice so we can update your record.                             |
| Signature  | Date   |
| If you have storm shutters on your house, please low case a hurricane or violent windstorm occurs during y |  |

ornaments, pots, furniture, and any other items that could become missiles in the events mentioned above.