While I'm Away

The purpose of this form is to alert us to when you will be away overnight from your apartment so that we can delay the motion sensor of the GOOD NEIGHBOR check until you return.
This form also serves as an authorization for who you are allowing in your suite in the event of an emergency such as an illness or you are transferred to a healthcare center or hospital.

☐ **I will not be home and request that the "GOOD NEIGHBOR" check motion sensor be shut off temporarily for the following dates:**

FROM:_____ TO:_____

In case of an emergency, I can be reached at: _____

List of individuals authorized to enter suite in the event of illness or absence.

Name	Relationship	Phone Number

(List as many or as few as you like)- This is not required and we realize some resident may already have such arrangements and have given trusted individuals their own key.

Resident Suite number: _____

Date:_____

Resident Name Printed:_____

Resident Signature: _____