



# WATERGATE COMMUNITY ASSOCIATION

## RESIDENT VACATION NOTIFICATION FORM

(Please submit completed form to the WCA office for proper distribution to Unit File, Property Patrol and Recreation personnel)

### Resident Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Garage Space: \_\_\_\_\_ Street Parking Space: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_ WCA Permit #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

### Emergency Contact(s):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- ✓ Should the Association be required to perform maintenance in and around your unit in your absence, does the above Contact Person(s) have access to your unit? **Yes ( ) No ( ) If you checked "No" then please be aware that if the Association employs the services of a locksmith to enter your unit in an emergency, or after providing 48 hour written notice to enter, you will be responsible for any and all locksmith charges.**
- ✓ Should the Association be required to perform maintenance in and around your assigned parking space, and/ or street parking, does the above Contact Person(s) have the ability to re-locate your vehicle? **Yes ( ) No ( ) If you checked "No" then please be aware that if the Association needs to relocate your vehicle in an emergency, or after posting the parking space "no parking" for 5 days you will be responsible for all towing charges regardless of information given to you by others.**
- ✓ Have you made arrangements to put your mail and/or newspapers on hold, and/or for a second party to retrieve items delivered to the Clipper Club by submitting a "Package Pick-up Authorization" form? **Yes ( ) No ( ) If you checked "No" then please be aware that items are not to be left in the common area hallways in your absence, and that the Association assumes no responsibility for such items left for you in the hallways.**

**Please Note:** Vacationing residents will be responsible for any and all charges incurred by the Association in the event that the above arrangements are not made or communicated, or if these arrangements are insufficient to avoid such charges howsoever generated.

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

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### WCA OFFICE USE ONLY

UNIT KEYS RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_ Date: \_\_\_\_\_