

SECURITY CONTACT FORM

Homeowner(s):

Venezia Lakes Address:

Mailing Address (if different from above):

Please list all persons permanently residing at the Venezia Lakes home:

1. 4.

2. 5.

3. 6.

Email Address:

Please list **PHONE NUMBERS** in the order you would like to be contacted in:

1. ☐ HOME ☐ CELL ☐ WORK ☐ OTHER

2. ☐ HOME ☐ CELL ☐ WORK ☐ OTHER

3. ☐ HOME ☐ CELL ☐ WORK ☐ OTHER

4. ☐ HOME ☐ CELL ☐ WORK ☐ OTHER

The following visitors and/or services will be allowed into Venezia Lakes.

VISITORS/SERVICES

VISITING HOURS

COURTESY CALL?

1. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

2. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

3. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

4. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

5. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

6. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

7. ☐ Day ☐ Night ☐ Anytime ☐ Call ☐ Don't Call

To add additional information, use the "Venezia Lakes Visitor Software" at www.venezialakes.org

Owner Name: Signature: Date: