

**Centurion Security
Patrol Request Form**

This form shall NOT be filled out if someone will be staying in the residence during the time frame listed on the front of the form. Also patrol requests are valid for a maximum of 30 days.

Name: _____

Address: _____

Phone: _____ Type of Premises: (Residence) _____ (Business) _____

Departure Date: _____ Return Date: _____

Do you have an alarm: _____ Name of company: _____

Keys left with: _____

(Address, Phone): _____

Emergency Contact: _____

(Address, Phone): _____

WAIVER

I request a security check be made on my property and agree that Centurion Security personnel may enter upon my property for security purposes, to make sure property is secure. I also agree to notify Centurion Security upon my return.

I understand and agree that Centurion Security is providing this service for no added compensation and solely as a public service. This service in no way constitutes a contractual agreement and I hereby agree to release and hold harmless, Centurion Security, for any direct, incidental or consequential damages to my property in my absence.

Subscribers Signature: _____ Date: _____

Crown Colony Improvement Association

Office: 936-632-7990

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