

Community Watch Programs Adult Watch Registration Form

Please return Completed Form to Customer Service at the District Office - 984 Old Mill Run or the Customer Service Satellite Office at 4856 South Morse Blvd.

Section 1: To be Completed by Resident or Authorized Designee Only

Name: (Legal and Preferred)		Start Date:	End Date:
Address (including Zip Code):		Village of:	Home/Cell Phone: H C
		Preferred:	C or H
Key Holder Name:	Relationship:	Address:	Phone:
Emergency Contact:	Relationship:	Address:	Phone:
Neighbor/ Contact:	Relationship:	Address:	Phone:
Neighbor/ Contact:	Relationship:	Address:	Phone:
Vehicle on Property? <input type="checkbox"/> Y <input type="checkbox"/> N	Alarm System?: <input type="checkbox"/> Y <input type="checkbox"/> N	Interior lights on timer? <input type="checkbox"/> Y <input type="checkbox"/> N (locations)	
Make of Vehicle:			
Check all days to be called with an "X"	Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>
	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
	Saturday <input type="checkbox"/>		TIME

Section 2:

Completion of the following information is voluntary and is requested only in case of an emergency call:

Question:	YES	NO	Additional Comments:
Are you an Insulin Dependent Diabetic?			
Do you require assistance with walking?			
Do you have Periods of Confusion?			
Heart Conditions? (be specific)			
Do you have a Pacemaker?			
Do you wear a Medical Alert Tag? (list reason why)			
Do you have a keypad entry? (list location)			
Do you have a VIAL /or File of Life?			
Do you have a Pet in your home? (what type)			

DOB:

Adult Watch questions, concerns or changes please call Community Watch Dispatch **352-753-0550** 24 hours/day or
Community Watch Gate Operations at **352-750-8212** also 24 hours/day

Release and Waiver of Liability:

I acknowledge that the Village Center Community Development District (VCCDD) is providing this program as a convenience, and as such is not receiving any compensation.

I understand I am being scheduled to receive a call approximately at my designated time. If I do not answer the telephone, my designated key holder and/or emergency contacts will be called.

In the event of an emergency situation concerning my residence, I request that CW contact the appropriate emergency agency, Key Holder or Owner; and I authorize my Key Holder to enter my property and take such action to abate the situation. I agree to assume responsibility for any costs involved and agree to hold the VCCDD harmless as to any costs and any liability for damage to person or property that may arise as a result of such emergency and the abatement thereof.

I understand I am responsible for notifying the VCCDD Department of Community Watch (CW) of any changes, whether temporarily or permanent, by calling CW Dispatch at 352-753-0550 24 hours per day or CW Gate Ops at 352-750-8212 24 hours per day.

I hereby release and hold harmless the Village Center Community Development District, its agents, servants, and/or employees, individuals, from any and all claims for damages arising from a failure, for any reason, to provide the VCCDD Adult Watch Program.

(Your Signature) _____ Date _____ U/L # _____ (Signature of District Employee)

