

## HURRICANE SHUTTER OUT OF TOWN REGISTRATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELLULAR PHONE: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY PHONE NUMBER: \_\_\_\_\_

BURGLULAR: \_\_\_\_\_ FIRE: \_\_\_\_\_

\_\_\_\_\_  
DATE YOU WILL BE LEAVING

\_\_\_\_\_  
DATE YOU WILL BE RETURNING

ADDRESS WHERE YOU WILL BE STAYING: \_\_\_\_\_

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1. NAME OF PERSON WHO WILL BE CHECKING ON YOUR RESIDENCE:

2. PHONE NUMBER: \_\_\_\_\_

LOCAL CONTACT PERSON IF YOU CAN'T BE REACHED:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**\*\*BUILDING CAN NOT BE OCCUPIED DURING REGISTRATION DATES\*\***

**“EAGLE TRACE COMMUNITY ASSOCIATION WILL NOT BE RESPONSIBLE FOR ANY  
DAMAGE TO YOUR HOME OR ITS CONTENTS.”**

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SIGNATURE

DATE

**YOU ARE RESPONSIBLE FOR NOTIFYING CORAL SPRINGS FIRE DEPARTMENT  
PLEASE ATTACH A COPY OF THEIR REGISTRATION FOR WITH THIS APPLICATION**