



LUDGATE MANAGEMENT SERVICES INC.

# PROLONGED ABSENCE FORM

OCSCC #: \_\_\_\_\_

Unit #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Absent from: \_\_\_\_\_ to \_\_\_\_\_

## OWNER CONTACT INFORMATION WHILE AWAY

Address while away: \_\_\_\_\_

Telephone while away: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## IN-UNIT INSPECTIONS

I confirm that the unit will be inspected no less than once per week: Yes  No

Unit inspections will be done by: \_\_\_\_\_

I confirm that the heat is on in my unit: Yes  No

I confirm that the thermostat batteries have recently been changed: Yes  No

## VEHICLE

Will your vehicle remain in the garage? Yes  No

If yes, please leave keys in case it has to be moved in an emergency or for repairs to the building while you are away

Parking Space #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle key left with: \_\_\_\_\_ Unit #: \_\_\_\_\_