



Castle Pines Emergency Services Homeowner Information Sheet

Return to: ES Office 688 W Happy Canyon Rd. Castle Rock, CO 80108
Email: esdispatch@thevillagecastlepines.com
Fax: 303-688-4992

Address _____

Select One: Owned _____ Leased _____

What date will new resident be moving in? _____

What date will former resident be moving out? _____

Resident Information (Please print)

Last Name _____	First _____
Last Name _____	First _____
Last Name _____	First _____

Children Living in Home

Name	Minor Y/N	Authorized to clear guests Y/N	Year of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Telephone Numbers (Please prioritize the numbers in the order you would like us to use to contact you)

Home/Work/Cell

- 1) _____ H / W / C Name: _____
- 2) _____ H / W / C Name: _____
- 3) _____ H / W / C Name: _____
- 4) _____ H / W / C Name: _____

Resident Email

Name: _____ Email: _____

Name: _____ Email: _____

Verbal Validation Code (Code given to identify you as the resident for alarms or when clearing guests by phone or at the gate)

Permanent Guest List (individuals we allow entry without your prior notification)

Note: Guest names remain in our database until we are notified by you to remove them

Name / Company

Name / Company

Owners Alternate Mailing Address:

Address

City

State

Zip

Medical Issues (Describe any medical condition of special need that would be important to Emergency Medical Technicians when they respond to an alarm or call from your home, e.g. hypertension, residual symptoms of a stroke, paralysis, etc.)

Emergency Contact

Name: _____

Phone: _____

Relation: _____

Pets (Please include: name, breed, color, age and temperament)

1) _____

2) _____

Telephone Entry System:

I wish to hide my name from the Telephone Entry System Directory: YES: ___ NO: ___

Name I want listed in the Telephone Entry System Directory: _____

Phone Number I want listed in the Telephone Entry System: _____

Pool Passes:

I wish to purchase Summit & Canyon Club Pool Access Passes: YES: ___ NO: ___

Limit 2 passes per household. \$5.00 per pass. Cash or Check ONLY

This line to be completed by CPES: Pass # 1. _____ Pass # 2. _____

Additional/Special Information/Firearms in the home

I certify that the information provided in this Homeowner Information Sheet is correct (not necessarily complete) as of this date and may be used by the Association and its emergency Services Department in **STRICT CONFIDENCE** in responding to alarms or calls from my home or to otherwise provide professional services to me, my family and my guests. I agree to keep Emergency Services informed of changes in my information so that the above services may be provided in an efficient manner. Vehicles listed for transponder sticker issue are my property and I will remove the sticker and notify Emergency Services when the vehicle is sold, destroyed or otherwise transferred from my ownership.

Homeowners Name and Signature

Date

Homeowners Name and Signature

Date