



Enrollment Form

The information you provide below will be used to provide efficient, high quality care for your property. If you have any questions, please contact us by telephone at **239-776-0509** or **239-691-9099**, or by email at **jesseflint@firstwatchhomeservices.com**.

Customer Name	_____	Location to be monitored:	_____
Mailing Address	_____	City, State, ZIP	_____
City, State, ZIP	_____	Telephone	_____
Telephone	_____	Security Code	_____
2nd Telephone	_____	Gate Code	_____
Email Address	_____	Additional Information	_____
2nd Email Address	_____		_____

Services Requested Basic Twice monthly Weekly

Additional Services

Auto Care

Housekeeping

Other (Please specify) _____

HVAC Thermostat is set at _____ ° Humidistat is set at _____ %

Location of water heater _____ Will water heater be left on, off, or unplugged?

Location of water shut-off _____

Location of electrical power box _____

Will telephone be left on? _____

Will ceiling fans be left on? _____

Will TV/Computer be unplugged? _____

Will refrigerator be left on? _____

Will lights be on a timer? _____ Timer location _____

Any specific situations to address? _____

Auto Care Start car Drive Car Monthly Weekly

Names of service providers

HVAC	_____	Telephone	_____
Plumber	_____	Telephone	_____
Electrician	_____	Telephone	_____
Pest Control	_____	Telephone	_____
Security	_____	Telephone	_____
Pool service	_____	Telephone	_____

Person to contact in case of emergency _____

Additional Information: _____

Customer Signature _____ Date _____