

VIKING VALLEY ASSOCIATION

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Gallatin, MO 64640

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SAFETY DEPARTMENT "OUT-OF-TOWN" PATROL LIST

Departure Date: _____ Return Date: _____

Lot Number: _____

Name(s) of Owner: _____

Address of Owner: _____

Will anyone be checking on the residence or staying there during this time: _____

If so, who: _____

What will that person be driving: _____

Will the owner's be leaving any vehicles parked outside: _____

If so, what kind and color: _____

Would the owner's like to leave an emergency contact number (either where they will be or someone else's number) in case of an emergency?

Name & Number: _____

Date Info Received

Person Taking Info