



2020 Participant Enrollment Form

(Please neatly print all information)

This form must be filled out and returned with your check in order for you to be processed as a new participant in the Crestwood Security Fund Association (see attached mailing instructions). The information provided here will be kept confidentially in the security patrol car and will help patrol officers deliver services to you as a participant.

I agree to pay for the Basic program as follows:

Quarterly Payment (\$450)

Annual Payment (\$1,800)

I also agree to purchase Enhanced Services for an additional \$1,000 annually (or \$250/quarter). Total amount due today (\$2,800 annual payment / \$700 quarterly).

Personal Information (* designates required information)

* Resident Name(s): _____

* Home Address: _____

* Billing Address: _____

* Email(s): (each resident) _____

* Home Phone: _____

* Cell Phone(s): _____

(each resident)

* Emergency Contact (use reverse side for additional emergency contacts if needed):

Name: _____

Phone: _____

Alarm Company:

Name: _____

Phone: _____

Other Household Members:

Name	Cell Phone	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Information:

Manufacturer	Model	Year	Color	License #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Regular Visitors / Work Staff:

Name	Relationship	Vehicle Type	License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Service Options:

- Security personnel have permission to enter yard to investigate alarm or suspicious activity
- Security personnel have permission to keep gate key in patrol vehicle (please provide key)
- Security personnel have permission to enforce no trespassing on participant property
- Security personnel have permission to enforce no solicitation on participant property

** By signing below, I agree to pay for the security services I have opted for on this form each year (annually or quarterly as selected) until I send written withdrawal from the program. I understand if I do not make payment within 30 days that I will be dropped from the program and the patrol will no longer provide security services to my household. I also understand that I am responsible for communicating any future changes to the household information provided on this form to the patrol car so it can better serve my household.*

*** Signature:** _____ **Date:** _____

Official Use Only:		
Check Number: _____	Check Amount: _____	Bank Name: _____
Date Processed: _____	Processed by: _____	