FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES, LLC

Extended Absence from Home

I, _____ residing at _____, will be absent from my home

From _____ through _____. While I am away, I can be reached at

_____(phone#) or via email at_____.

The person responsible to check my home during my absence is _____, residing at

_____. They can be reached at _____(phone#) or via email at

_____.

I understand that I am responsible to leave my refrigerator on, and HVAC set at no less than 60 degrees during cold weather and no more than 80 degrees in warm weather. Any damages to the home resulting from non-compliance are the responsibility of the resident. _____ (resident initials)

I understand that it is my responsibility to contact the MP station to inform them of my absence.

Contact the Housing office upon your return 913-682-6300.

_____ _____

Resident Signature Date

_____ _____

FLFHC Representative Date

220 Hancock Ave
PO Box 3387
Fort Leavenworth, KS 66027
Phone (913) 682-6300 Fax (913) 758-1779
http://www.ftleavenworthfamilyhousing.com