



Heat Light Program:

All fields on this form must be completed:

Name: _____

Unit & Lot Number: _____ Territory Address: _____

Home address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Galena Phone: _____

Email: _____

In case of furnace failure, the security department will notify your designated furnace repair company.

Company name: _____

Company address: _____

City: _____ State: _____ Zip: _____ Phone: _____

After Hours Phone: _____

Heating system (circle): Electric Gas

If gas, who supplies LP fuel? _____

Are you on the Eagle Ridge Rental Program? Yes No

Choose one: Lockbox Alarm Log House Key Retention

By signing this form I hereby acknowledge that the Heat Light Program is not fail safe, that The Galena Territory Association cannot guarantee that Security Department personnel will be able to get to my home if the Heat Light Alarm is activated and that The Galena Territory Association cannot be held liable for any damages to my home if Security is unable to get to my home.

By signing this form you also agree to authorize The Galena Territory Association to release your name and mailing address to the repair company and your electric or LP gas supplier.

If you contract with us for this service, the contract will automatically renew each year unless you notify us in writing, by October first of the upcoming season that you do not wish to renew the contract. If the price contained in this contract increases, we will publish the new rate at least 30 days in advance to provide you the opportunity to tell us that you do not wish to renew the contract before the increase takes effect.

Owner Signature: _____ Date: _____

