

# Stillwaters Estates Retirement Community

## Vacation Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NUMBER/CELL NUMBER \_\_\_\_\_

DATE LEAVING ON VACATION \_\_\_\_\_

DATE RETURNING FROM VACATION \_\_\_\_\_

PICK UP MAIL:       YES       NO

VACATION ADDRESS (if you have one):

Name/Place \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

EMERGENCY CONTACT (Relative or friend we may contact  
in case of emergency):

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Would you like us to send  
you your first class mail?

YES       NO

If so, would you like to pay  
extra postage (approx.  
\$3.00 per mailing) for  
tracking service?

YES       NO

**DATES MAIL TO BE SENT.**  
If possible, try to stick with  
Tuesdays.

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- ✓ Please fill out this form and leave it at the Stillwaters office.
- ✓ Allow us at least two days' notice when possible (if we're to pick up your mail).
- ✓ We will keep this information on file until you return.
- ✓ **Enjoy your vacation.**