

Golden Corner Home Watch Services LLC
Crystal Krout
864-873-8916
Email: goldencornerhomewatchservices@gmail.com
1322 Ebenezer Rd.
West Union, 29696

(GCHWS) HOME WATCH AGREEMENT

NAME: _____

DATE: _____

ADDRESS

STREET:

CITY: _____

STATE: _____ ZIP: _____

Golden Corner Property Services (GCPS) is only responsible for providing the services detailed in this agreement. GCPS and its staff may not be held responsible for damage resulting from actions of others, nature, or other circumstances beyond the control of GCPS and the services stated herein.

Our services are designed to prevent minor damages from becoming a serious problem as a result of no detection. We are not an inspection company. Our examinations are visual and tactile, as if done by you, the homeowner. GCPS fills some home insurance requirements by making regular checks on your empty home. Reports, a service log, and photos are provided to the homeowner when appropriate.

Please note that GCPS will not confront nor intervene in any situation that may risk the safety of GCPS staff. If the security of your property or the safety of GCPS staff is at risk, GCPS will notify the police or appropriate agency.

I give GCPS and its staff full permission to monitor my property and to enter it for the purposes stated. Additionally, I authorize GCPS to render necessary repairs and take actions as stated in this agreement.

SIGNED: _____

DATED: _____

PRINTED NAME: _____

LOCAL PHONE: _____

Golden Corner Home Watch Services 1322 Ebenezer Rd. West Union, SC 29696
864.873.8916

BILLING ADDRESS

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

ALARM SYSTEM

TYPE:

[] BURGLAR/ main panel located:

[] SMOKE DETECTORS/ located:

[] CO DETECTORS/ located:

[] OTHER/ located:

ALARM COMPANY: _____ PHONE: _____

ALARM CODE: _____

PROCEDURE:

If alarm sounds—

Do you want us to meet emergency services at the premises? [] YES [] NO

[] NO

Notify you first? [] YES [] NO

Other instructions:

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List any individuals authorized to enter your home while you are absent:

NAME: _____ PHONE: _____

_____ KEY? _____

NAME: _____ PHONE: _____

_____ KEY? _____

NAME: _____ PHONE: _____

_____ KEY? _____

NAME: _____ PHONE:

_____ KEY? _____

MAINTENANCE/REPAIRS

IN MY ABSENCE:

[] GCPS is authorized to coordinate any necessary repairs and charge me with their expenses.

[] GCPS is to call me first for approval before coordinating any necessary repairs and their expenses

REPAIR SERVICES/CONTRACTORS

HOMEOWNER'S PREFERRED PROFESSIONALS:

Plumber: _____ Phone:

Electrician: _____ Phone:

Carpenter: _____ Phone:

Furnace: _____ Phone:

Roofer: _____ Phone:

Other: _____ Phone:

Fuel Oil/Propane Service: _____

Phone _____

Additional Instructions:
