Resident Away Notice

Resident name(s):	
Patio Home #: Tota	l # of residents away:
Date Leaving:	Date Returning*:
*Please notify reception desk of any date char	iges.
Total # of days away:	
Do you want Housekeeping? YES	NO
Do you want your Sherwood Oaks monthly statement mailed to you? YES NO	
If yes, list address:	
Contact Information while you are away Phone number where you can be reached	
Other pertinent information we need to l	know:
Resident Signature*:	Date:
*if this is taken over the phone, print res	ident's name and sign with your initials.
☐ Entered into computer - Date: ☐ Copy to Housekeeping ☐ Copy to Finance ☐ Copy to Dining Services ☐ Copy to Community Nursing ☐ Original in top file drawer	Receptionist initials: