

# Acceptance of KPW Service Agreement

**THIS SERVICE AGREEMENT IS VALID FROM 03/01/25 - 02/28/26**

Select Plan:

I would like Senior Care: Yes No

Silver Plan	\$540.00			Senior Care	\$250.00	
Gold Plan	\$650.00					
Platinum Plan	\$770.00			New Member Fee	\$125.00	
Inspection Fee:	\$70.00		\$35.00	Inspection Scheduled:	/ /	
<b>Amount Due:</b>	\$			<b>Check #:</b>		

**PLEASE PRINT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Property Address: \_\_\_\_\_

Is Property Rented - Name of Lessee: \_\_\_\_\_ Can Lessee call for service? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have **carefully read** and **fully understand** all terms and conditions contained in the KPW Service Agreement (including the pricing sheet and exclusions list). I understand that by signing this Agreement, I am entering into a legally binding agreement with KPW Service Association, Inc., and agree to be fully bound by its terms and conditions.

Signature

Date

**Office Hours: Tuesdays: 9:00am – 12:00pm and Thursdays: 1:00pm – 4:00pm**  
**\*\* Additional hours for January and February ONLY: Wednesdays 9:00am – 12:00pm \*\***

## **ALL FIELDS MUST BE FILLED OUT.**

**\*\*\*\* If all fields are NOT filled out, your application will not be processed. \*\*\*\***

- If something does not apply to you, write "N/A" in that field.
- Mailing address pertains to the address you live at during the summer months if you are not living at the property address.
- If the office hours above do not work for you, feel free to drop it off in the dropbox.