

Acceptance of KPW Service Agreement

THIS SERVICE AGREEMENT IS VALID FROM 03/01/26 - 02/28/27

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 is the address you live at during the summer months if you are not living at the property.
- If the office hours below do not work for you, feel free to drop it off in the drop box.

Select Plan: (check option(s) below)

I would like Senior Care: Yes No

Bronze Plan	\$440.00			Senior Care	\$250.00	
Silver Plan	\$440.00			*Late Fee	\$ 20.00	
Gold Plan	\$550.00			* ALL Payments made between 03/01-31/2026		
Platinum Plan	\$670.00			New Member Fee	\$125.00	
Amount Due: \$				Check #:		

PLEASE PRINT:

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Property Address: _____

Mailing Address: _____

Phone Number: _____ **Alternate Phone Number:** _____

Email Address: _____

Is Property Rented - Name of Lessee: _____ **Can they call for service?** _____

Property Manager/House Watch: _____ **Can they call for service?** _____

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 ****

OFFICE USE ONLY: Jobber: _____ Tag: _____ QuickBooks: _____ Date: _____

Check #: _____ Amount: _____ Deposit Date: _____ Deed: _____ Insp. Date: _____

Revised 11/01/25