

**RESIDENT'S LEAVE OF ABSENCE FORM**

**BRITTANY POINTE ESTATES  
LANSDALE, PA 19446**

**Address Information**

**Resident Name(s)** \_\_\_\_\_

**Apartment Number** \_\_\_\_\_

**Resident's Cell Phone Number(s) for Contact While Away**

\_\_\_\_\_

**First Day You Will be Away** \_\_\_\_\_ **First Day You Will Be Back** \_\_\_\_\_

**Name, Address and Phone Number of Location While Away**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you like your bills forwarded to the above address?** \_\_\_\_\_

**Meals**

**60 Meal Plan** \_\_\_\_\_

**30 Meal Plan** \_\_\_\_\_

**First Day Without Meals** \_\_\_\_\_

**First Day Back With Meals** \_\_\_\_\_

**Signature(s)** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE FRONT DESK**

**BEFORE LEAVING BRITTANY POINTE FOR MORE THAN A DAY**