



VACATION HOUSE CHECK

House should not be for rent or sale

Please Print

Occupant's Name (print only)	Phone
Address	
Depart Date and Time	Return Date and Time
Alarm? Y N If yes, might the alarm go off if doors are firmly checked? Y N	
Name of Alarm Company	Phone
Door Screens unlocked? Y N (Note: Should be left unlocked so doors can be checked)	
Any windows intentionally left OPEN Y N Where?	
Gate(s) locked? Y N OK to go in back yard? Y N Dog in yard? Y N	
Number of Vehicles in driveway 0 1 2 3 4 Description of Vehicle(s):	
Radio or TV left on in house? Y N Night light? Y N	
1 st Emergency Contact Name: _____ Phone: _____	
Address: _____ Work Phone: _____	
Relationship: _____ Has House Keys? Y N	
2 nd Emergency Contact Name: _____ Phone: _____	
Address: _____ Work Phone: _____	
Relationship: _____ Has House Keys? Y N	
Name(s) (if any) other than Emergency Contact(s) authorized to be in the house:	
Authoization to move packages and papers? Y N	
Signature: _____	
Comments or Special Instructions: _____ _____	
Request taken by:	Date Taken