

VACANT HOME/SECURITY CHECK

NAME _____

ADDRESS _____

DEPARTURE DATES _____ RETURN DATES _____

TYPE OF PREMISE RESIDENCE BUSINESS OTHER

KEYS LEFT WITH ANYONE? YES NO, IF YES WHO? _____

WILL ANYONE HAVE ACCESS TO YOUR HOME DURING YOUR ABSENCE?

YES NO , WHO? _____

LIGHTS LEFT ON YES NO

WHERE? _____ TIMER? YES NO

PAPER STOPPED YES NO, MAIL STOPPED YES NO

ANY CARS LEFT ON PREMISES YES NO

MAKE, _____ MODEL _____ COLOR _____ TAG# _____

ANY ANIMALS LEFT IN HOUSE OR IN YARD YES NO

TYPE _____ INSIDE _____ OUTSIDE _____

ANY HAZARDS ON PROPERTY, CONSTRUCTION, POOLS, ETC. YES NO

WHAT _____

IN CASE OF AN EMERGENCY WHO WOULD YOU LIKE NOTIFIED?

CAN YOU BE CONTACTED?

PHONE # _____ PLACE _____

over