Vacant House Check Information Sheet

Name		Рһоле		
Date of Departure		Date of Return		
Will lights be left	on or are they on a timer? Yes No	If yes where?		
Will cars be left i	n the driveway/garage? Yes No If y	yes where?		
Dees anyone hav	e keys to residence in case of an em	ergency? Yes No If yes, list	individual(s) below.	
Name		Phone		
Name		Phone		
Will there be any	one feeding animals, watering plants	etc.? Yes No If yes, list ind	ividual(s) below.	
Name	Phone	Veh. Desc		
Name	Phonc	Veh. Desc		
Will anyone else	be checking property? Yes No If y	es, list individual(s) below.		
Name		Phone		
Name		Phone		
••••	DEPARTMENT	USE ONLY		
DATE/TIME	PREMISES SECURE?	COMMENTS	INITIALS	
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