Vacation House Check

Name: ______________________________ Emergency Contact: ______________________________

Address: ____________________________ Address: ____

Phone: ______________________________ Phone: ____

Residence Will be Checked for a Maximum of 30 Days!

Date Leaving: _______________________ Date Returning: __________________________________

WE WILL NOT CHECK A RESIDENCE THAT HAS SOMEONE STAYING THERE. YOU MUST DRAW A MAP ON THE BACK OF THIS FORM SHOWING A CROSS STREET OR WE MAY NOT BE ABLE TO CHECK RESIDENCE!

Pets in yard: __________ Any Windows Open: _____ Location: ______________________________

Any Windows or screens broken: ____ Location: ____

Vehicles in drive/garage: _____ Lic #: ______________ Color: ________ Make: ______________

Garage Locked: ______ Lights on in House: ______ Location: ______________________________

Anyone allowed on property: ____ Name(s): ____

DATE	TIME	OFFICER	COMMENTS