

VACATION HOUSE CHECK

SECTOR _____

ADDRESS _____

NAME _____

HOME PHONE _____ EMERG. PHONE _____

VACANT FROM: _____ TO: _____

Lights on in home? YES / NO Where? _____

Vehicle (s) parked on the property? YES / NO

Make: _____ Model: _____ Color: _____ Tag: _____

Make: _____ Model: _____ Color: _____ Tag: _____

Make: _____ Model: _____ Color: _____ Tag: _____

Key at: _____

Emerg. Contact Person _____

Emerg. Contact Phone _____ or _____

Date Checked _____ By _____ Date Checked _____ By _____

Date Checked _____ By _____ Date Checked _____ By _____

Date Checked _____ By _____ Date Checked _____ By _____

Date Checked _____ By _____ Date Checked _____ By _____

Date Checked _____ By _____ Date Checked _____ By _____

Date Checked _____ By _____ Date Checked _____ By _____

Date Checked _____ By _____ Date Checked _____ By _____