

# Vacation House Check

Questions to be answered by the requesting party:

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Day and date house check to begin: \_\_\_\_\_

Day and date to return: \_\_\_\_\_

Local Emergency Contact(Name & Phone #) \_\_\_\_\_

Persons Authorized to be on this property \_\_\_\_\_

Alarm System  Yes  No Alarm Company \_\_\_\_\_

Lights left on in house  Yes  No

Cars present \_\_\_\_\_

Animals present \_\_\_\_\_

Newspaper and mail stopped  Yes  No

Additional notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_