



### VACATION CHECK REPORT

Date to commence: \_\_\_\_\_ Date to return: \_\_\_\_\_

Location: \_\_\_\_\_

Residence Business Other \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address (if different): \_\_\_\_\_

Person staying at residence: \_\_\_\_\_

Times they will be at residence: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

**Local Contact:**

**Owner in care of:**

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Regular access to premise \_\_\_\_\_ collect calls acceptable

Keys Residence Vehicle(s) Alarm shut off Alarm Other \_\_\_\_\_

Burglar Fire Central Station Audible Alarm Company \_\_\_\_\_

Lights (rooms with lights)

**Front room** Timer on \_\_\_\_\_ Timer off \_\_\_\_\_ **Hall** Time on \_\_\_\_\_ Time off \_\_\_\_\_

**Kitchen:** Timer on \_\_\_\_\_ Timer off \_\_\_\_\_ **Bedroom:** Time on \_\_\_\_\_ Time off \_\_\_\_\_

**Basement:** Timer on \_\_\_\_\_ Timer off \_\_\_\_\_ **Other:** Time on \_\_\_\_\_ Time off \_\_\_\_\_

**Vehicle(s) Description** \_\_\_\_\_  
Garage Driveway Street \_\_\_\_\_

**Animals** Dog Indoor Outdoor Other \_\_\_\_\_  
Cat Indoor Outdoor Other \_\_\_\_\_

Other animals \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_