VACATION CHECK/SECURITY NOTICE

NAME: _____ PHONE: _____

ADDRESS: _____

DESCRIPTION OF RESIDENCE/BUSINESS: _____

DEPARTURE DATE: _____ RETURN DATE: _____

PREMISES TYPE: RESIDENCE _____ BUSINESS _____

KEYS LEFT WITH ANYONE? _____ YES _____ NO

NAMES & NUMBERS OF KEYHOLDERS: _____

_____

LIGHTS LEFT ON? _____ YES _____ NO _____TIMER

ADDITIONAL INFORMATION (CARS LEFT IN DRIVEWAY, PETS, PERSONS AUTHORIZED TO BE ON PROPERTY, ECT.) _____

_____

ALARM/MOTION LIGHTS: _____

EMERGENCY CONTACT: _____

_____

I REQUEST SECURITY CHECKS AND AGREE TO NOTIFY POLICE UPON MY RETURN

SIGNATURE: _____

DATE TIME STATE IF PREMISES WERE SECURE OR OTHER INITIALS

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