

Vacant House Check Information Sheet

Name _____ Home Phone _____

Address _____ Cell Phone _____

VALID FOR A MAXIMUM OF 6 MONTHS

Date of Departure _____

Date of Return _____

Will lights be left on or are they on a timer? YES / NO

If yes, where? _____

Will cars be left in the driveway/garage? YES / NO

If yes, where? _____

Does anyone have keys to the residence/checking on the property? YES / NO If yes, list individual(s) below.

Name _____ Phone _____ Vehicle Desc. _____

Name	_____	Phone	_____	Vehicle Desc.	_____
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DEPARTMENT USE ONLY

[illegible]