

Month _____ 20____

VACATION HOME CHECK REQUEST FORM

Owners Name _____ Home Ph# _____

Home Address _____ E-mail address _____

Leaving Date _____ Destination _____

Ph # at Destination _____ Expected Date of return _____

Actual Date of return _____

Did vacationer call upon return _____ yes _____ no Dispatcher _____

HOUSE TYPE

____ 1 Story ____ 2 Story ____ Apartment ____ Condominium ____ Duplex

IS THERE AN ALARM? ____ YES ____ NO

IF YES-Alarm Co. Name and Phone

Number _____

LIGHTING-will lights be left on or on timers? Mark lights on with an "X" & timers with a "T"

____ Living Room ____ Dining Room ____ Kitchen ____ Den ____ Bathroom
____ 1st Floor Bedroom ____ 2nd Floor Bedroom ____ Patio
____ Front Yard ____ Back Yard ____ Other Rooms -please
list _____

VEHICLES:

On Driveway: Color _____ Year _____ Make/Model _____

License _____

In Garage: Color _____ Year _____ Make/Model _____ License _____

<p>KEY HOLDER: Name: _____</p> <p>Address: _____ Relationship to Owner _____</p>
<p>Key holder's car: Color _____ Year _____ Make/Model _____</p> <p>License: _____</p>