

VACATION HOUSE CHECK INFORMATION SHEET			
Zone:	Code #	Start Date	Ending Date
Address		Cross Street	
Resident		Phone Number	
Mailing Address (if different)		Vacation Address/Phone (major emergency only)	
Note: Reporting party should have all mail and newspapers picked up or stopped when going on vacation, as well as having someone taking care of pets, yard maintenance, etc.			
Local Emergency Contact: Name			
Address: _____ Phone Number (____)			
Person(s) authorized on property:			
Name/Address		Purpose(yard maint.,pet care, etc.)	
Lighting	Constant	Timer	Motion
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No What kind?			
Where located?			
Vehicles on property (including in the garage)			
Year/Make	Model	Color	License Number
Year/Make	Model	Color	License Number
Year/Make	Model	Color	License Number
Alarm System:	<input type="checkbox"/> Silent <input type="checkbox"/> Audible	Alarm Company Name/Phone#	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of Home Owner:			
Preliminary Inspection Notes:			