HOUSE CHECK FORM

Date: _____ Resident Name: _____

Address: _____

Date Returning: _____ Are you leaving keys with anyone?:_____

If yes, who? _____ Phone: _____

Leave us an emergency phone # for you: _____

Will you leave cars in driveway?: _____Yes _____No If yes, give description and/or license plate numbers: _____

Are you leaving lights on?: _____Yes _____No Timer?: _____Yes _____ No

Location of lights if left on: _____

Are you stopping mail?:_____ Are you stopping newspaper delivery? ____

Are you expecting any maintenance people?:_____ If yes, who & what company: _____

Would you like to renew every 3 months? _____Yes _____No

Any other comments? _____

HOUSE CHECK RECORD

TIME/DATE	OFFICER	TIME/DATE	OFFICER