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 _____

DEPARTMENT USE ONLY

DATE	TIME	PREMISES SECURE?	COMMENTS	INITIALS
		YES or NO		
		YES or NO		
		YES or NO		
		YES or NO		
		YES or NO		
		YES or NO		
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		YES or NO		
		YES or NO		
		YES or NO		
		YES or NO		
		YES or NO		

Vacant House Checks

Date & Time	Premises secure	Comment	Initials
	Yes or No		
	Yes or No		
	Yes or No		