Case # _____

VACATION HOUSE CHECK

Date leaving _____ Date returning _____

Name _____

Address _____

Phone # _____

Emergency Contact _____
Name

Emergency # _____

Keys left with _____
Name

Lights left on? _____ Timer? _____
Location

Vehicles on property? _____

Hazards/obstacles (dogs, swimming pool, clothes line) _____

Will anyone be checking the property (mail, pets, plants)? Yes _____ No _____
Name of person _____

Will anyone be spending time at the house (overnight)? Yes _____ No _____
Name of person _____

Is the house vacant? Yes _____ No _____

ABOVE RESIDENCE CHECKED AS FOLLOWS:

Date	Time	Condition of residence	Checked by