

## Request for Property Check / Vacation Form

### Requestor's Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Can you be reached while you are away?  Yes  No  
 If Yes – How?  Cell Phone \_\_\_\_\_  Local Phone Number \_\_\_\_\_  
 Date Leaving: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date Returning: \_\_\_\_\_ Time: \_\_\_\_\_

### Local Emergency Contact Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### Request Information

Checking House?  Yes  No Vehicles being left in driveway?  Yes  No  
 Vehicle #1: Color: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_  
 Vehicle #2: Color: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_  
 Lights On?  Yes  No Timer?  Yes  No Time On: \_\_\_\_\_  
 Time Off: \_\_\_\_\_  
 Alarm?  Yes  No Is someone picking up mail/newspapers?  Yes  No  
 Any Animals?  Yes  No What Kind? \_\_\_\_\_

### **Official Use Only**

Officer: _____	Date: _____	Time: _____	Foot	<input type="checkbox"/>	Road	<input type="checkbox"/>
Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Officer: _____	Date: _____	Time: _____	Foot	<input type="checkbox"/>	Road	<input type="checkbox"/>
Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Officer: _____	Date: _____	Time: _____	Foot	<input type="checkbox"/>	Road	<input type="checkbox"/>
Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No				
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