

VACATION HOME CHECK

NAME _____

ADDRESS _____

DEPARTURE TIME _____

DESTINATION ADDRESS _____

VEHICLE LEFT AT HOME ADDRESS: _____

MAKE _____ YEAR _____

NAME OF PERSON HAVING ACCESS TO HOME _____

ADDRESS _____

LOCATION OF KEY _____

ALARM SYSTEM? YES _____ NO _____

CONTACT NAME AND NUMBER _____

CONTACT IN EMERGENCY

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

YOUR MOTOR VEHICLE: YEAR _____ MAKE _____

TYPE _____ COLOR _____

LICENSE NUMBER _____ STATE _____

YEAR OF LICENSE _____

DELIVERIES (Papers, Mail etc.) _____ CANCELLED _____

LOCATION OF ILLUMINATION _____ (recommended
not less than 40 watts)

Above information received by _____ Date _____ Time _____

WILL RETURN: DATE _____ TIME _____