

# Vacation Check

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Leaving On: \_\_\_\_\_

Returning On: \_\_\_\_\_

Name of Keyholder in case of Emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Lights On/Times: \_\_\_\_\_

Alarm:  Yes  No Drapes/Blinds: \_\_\_\_\_

Other: \_\_\_\_\_

Did you notify  Paper delivery  Mail  Other: \_\_\_\_\_

Do you have someone?  shoveling snow  cutting grass  feeding animal(s)

If so with who? \_\_\_\_\_ Phone # \_\_\_\_\_

Will there be any vehicles left in driveway? If so what kind? \_\_\_\_\_

For Office Use only:

What side of the city? (Circle) East West

Home owner returned: \_\_\_\_\_  
(date)