VACATION SECURITY CHECK REPORT

NAME: _____

ADDRESS: _____

DEPARTURE DATE: _____ RETURN DATE: _____

NAME, PHONE NUMBER OF PERSONS WHO
WILL HAVE ACCESS TO PREMISES: _____

_____

CONTACT IN CASE OF EMERGENCY: _____

DELIVERIES OF MAIL, PAPER, ETC. TERMINATED? _____ (IT'S ADVISABLE TO DO SO)

LIGHTS WILL BE LEFT ON IN: _____ ON TIMERS: _____

OTHER IMPORTANT INFORMATION: _____

_____

SIGNED _____ DATE _____

PLEASE BE SURE TO NOTIFY US UPON YOUR RETURN HOME.

OFFICERS CHECK OF PREMISES RECORD

DATE	TIME	NOTES OR COMMENTS ON PROPERTY, CONDITION, ETC	OFFICER

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