

RESIDENTIAL SECURITY CHECK REQUEST

NAME _____ **DATE LEAVING** _____

ADDRESS _____ **DATE RETURNING** _____

PHONE # _____

1. SECURITY

Doors and Windows Secured? Y/N _____ **Alarm System in Home? Y/N** _____

Appliances Turned Off, Disconnected? Y/N _____

Lights Left On/Timers _____

Deliveries Cancelled - Mail, Paper, Etc. _____

Driveway Plowed/Lawn Mowed _____

2. PERSON TO CALL IN AN EMERGENCY THAT HAS KEYS

Name _____

Address _____

Phone # (Home) _____ **(Work)** _____

3. PERSON(S) ALLOWED IN RESIDENCE

Name(s) _____

Address _____

Phone # _____

4. VEHICLES LEFT AT RESIDENCE IN GARAGE/DRIVEWAY

Year _____ **Make** _____ **Color** _____ **Plate #** _____

Year _____ **Make** _____ **Color** _____ **Plate #** _____

Year _____ **Make** _____ **Color** _____ **Plate #** _____

WILL NEIGHBOR CALL POLICE IF ANYTHING IS WRONG? Y/N _____