





# VACATION HOUSE CHECK

*House should not be for rent or for sale*



**PLEASE PRINT - BLACK INK ONLY**

Occupant's Name (print only)		Phone	Service Area  Thomas Guide
Address		Zip code Community Gate Code	
Depart Date and Time		Return Date and Time	

Alarm? Y N If yes, might the alarm go off if doors are firmly checked? Y N

Name of Alarm Company \_\_\_\_\_ Phone \_\_\_\_\_

Door screens unlocked? Y N (Note: Should be left unlocked so doors can be checked)

Any windows intentionally left OPEN? Y N Where? \_\_\_\_\_

Gardener? Y N Days M T W T F S Name: \_\_\_\_\_

Gate(s) locked? Y N OK to go in back yard? Y N Dog in yard? Y N

Number of vehicles in driveway 0 1 2 3 4

Description of vehicle(s): \_\_\_\_\_

Radio left on inside house? Y N Night light? Y N

1<sup>st</sup> Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Has house key? \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Has house key? Y N

Name(s) (if any) other than Emergency contact(s) authorized to be in the house: \_\_\_\_\_

Authorization to move packages and papers:  
Signature: \_\_\_\_\_

Comments or Special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Request taken	Office or Service Area	Date Taken	Control Number
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