VACANT HOME CHECK SHEET

Taken By: _____

Date: _____

Name: _____ Phone: _____

Address: _____

Leaving On: _____ Will Return On: _____

Location of Vacation: _____

In Case of Emergency, notify: _____ Phone: _____

Other Information: _____

Lights On? ☐ YES ☐ NO Key left with above named party? ☐ YES ☐ NO

Date / Time	Officer/CSA	Observations