RESIDENT HOUSE CHECK FORM

Resident_____Address_____Phone_____

Departure Date____/____/____Time_____am/pm **Return** date____/____/____Time_____am/pm

Emergency Contact Information:

Emergency Phone #_____ Key left with:_____Phone_____

Alarm : YES / NO Monitored by:_____Phone_____

Lights left on: Living room_____Den_____Bedroom(s)_____Garage_____Other_____

Timer Lights (1) **On**_____am/pm **Off** _____am/pm (2) **On**_____am/pm **Off**_____am/pm

Living Room_____ Den_____ Bedroom(s)_____ Garage_____

ANYONE EXPECTED WHILE YOU ARE AWAY? YES / NO

_____

Special Instructions:_____

Date	Time	Checked By	Status	Date	Time	Checked By	Status

Check the following each time:
Doors/ Windows/ Lights/ Gates/ Fences/ Pool/ Sprinklers/ Exterior Pipes and Furniture…
Note Any Problems: