



VACATION HOME CHECK

VACATION HOME# _____

DATE REPORTED _____

ADDRESS _____ NAME _____ PHONE _____

DEPARTURE DATE _____ RETURN DATE _____

TYPE OF PREMISES: RESIDENCE _____ BUSINESS _____ OTHER _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES _____ NO _____

IF YES, NAME _____ PHONE _____
ADDRESS _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO THE PREMISES DURING YOUR ABSENCE? YES _____ NO _____

IF YES, WHO? _____

IN CASE OF AN EMERGENCY, DO YOU WISH TO BE NOTIFIED BY PHONE?

YES _____ NO _____ PHONE _____

COMPANY NAME _____ ADDRESS _____

ADDITIONAL INFO: _____

OFFICER'S SECURITY CHECK

| DATE | TIME | STATE OF PREMISES SECURE/UNSECURE | OFFICER |
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IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY IS PRESENT, STATE IF YOU ENTERED AND CHECKED PREMISES. IF YOU FOUND EVIDENCE OF VANDALISM OR THEFT, MAKE A SEPARATE REPORT.