



HOUSE CHECK

NOTICE:

HOUSE CHECKS ARE TO NOT EXCEED A PERIOD OF FOURTEEN (14) DAYS.

HOUSE CHECKS ARE NOT TO BE DONE WHEN SOMEONE WILL BE STAYING AT RESIDENCE.

STREET ADDRESS: _____

LAST NAME: _____ FIRST NAME: _____

HOME PHONE #: _____ HOMEOWNER: YES NO

DATE STARTING: ____/____/____

DATE RETURNING (NOT TO EXCEED 14 DAYS): ____/____/____

(CALL DISPATCHER ON RETURN 666-5230)

KEY LEFT WITH: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

LIGHTS: YES NO **IF LIGHTS ARE ON A TIMER, LIST TIMES BELOW**

LOCATION: LV. RM. _____

BDRM. _____

REC. RM. _____

KITCH. _____

OTHER _____

ALARM SYSTEM: YES NO ALARM COMPANY NAME: _____ PHONE: _____

CARS IN DRIVE: YES NO DESCRIPTION: _____

ANIMALS PRESENT: YES NO DESCRIPTION: _____

WILL SOMEONE BE STAYING AT THE RESIDENCE? YES NO

NAME OF PERSON STAYING AT RESIDENCE _____

PHONE NUMBER _____

WILL SOMEONE BE VISITING OR CHECKING ON THE RESIDENCE? YES NO

NAME OF PERSON VISITING RESIDENCE _____

PHONE NUMBER _____

NOTE: HOUSE CHECKS ARE NOT TO BE DONE WHEN SOMEONE WILL BE STAYING AT RESIDENCE.

THE INFORMATION LISTED, REGARDING HOUSE-SITTERS AND VISITORS, WILL ONLY BE USED TO CONFIRM THE IDENTITY OF A PERSON WHO MAY BE ON THE PROPERTY.

REMARKS: _____

OFFICE USE ONLY:

ENTERED INTO RMS BY: _____ DATE: _____