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VACATION / HOUSE WATCH

Instructions: Compete each section of information. If a section does not apply, write N/A. Be sure to PRINT clearly.

STREET ADDRESS OF RESIDENCE: _____

RESIDENT'S LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

HOME NUMBER: _____ Work NUMBER: _____

DATE LEAVING: _____TIME LEAVING: _____

DATE RETURNING: _____ TIME RETURNING: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PERSON'S ADDRESS: _____

EMERGENCY CONTACT PERSON'S PHONE: _____

PHONE NUMBER WHERE YOU CAN BE REACHED WHILE AWAY (be sure to include an area code) ____
_____

WILL SOMEONE BE VISITING THE HOME TO CARE FOR PETS / PLANTS: _____

IF SO, WHO? _____

PET CARE PERSON'S ADDRESS & PHONE: _____

WILL THERE BE LIGHTS ON A TIMER? _____

IF SO, WHICH ROOMS? _____

DO YOU HAVE AN ALARM SYSTEM? _____

IF SO, WHO CAN RESET THE ALARM? _____

ALARM MONITOR'S PHONE NUMBER: _____

ANY OTHER DETAILS WE SHOULD KNOW DURING YOUR ABSENCE? : _____

BEFORE LEAVING DID YOU: Close and lock your windows and doors, plan for newspaper pickup, plan for winter snow removal/summer lawn watering, leave you key with the responsible person, have the Post Office hold your mail?

STAFF: Forward this completed form to the duty officer