

Home Protection Service

House Check # _____

Directions:

1. All information will be completed on this form.
2. Visit at different items on each occasion.
3. When absentee returns, complete this form and return to Administrative Officer.

Date of Departure: _____

Date of Return or Approximate: _____

Home Status: Vacation _____

Vacant _____

Resident:

Emergency Contact:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Lights On _____

Lights Off _____

Keys Left With: _____

Name

Address

Phone

Special Instructions: _____

Date: _____

Time: _____

Desk Officer: _____