Home Protection Service

Directions: House Check #_____

1. All information will be completed on this form.
2. Visit at different times 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:

Name: _____

Address: _____

_____

Phone: _____

Emergency Contact:

Name: _____

Address: _____

_____

Phone: _____

Keys Left With: _____

Name Address Phone

Lights On: _____ Lights Off: _____

Special Instructions: _____

_____

_____

Date: _____Time: _____Desk Officer: _____

POLICE VISITATION RECORD

DATE	TIME	CONDITION	OFFICER

DATE	TIME	CONDITION	OFFICER

Date of Return:_____ Time:_____ Desk Officer:_____