



Security/Property Check Form

Name: _____ Address: _____

Phone: (H) _____ (W) _____ Other _____

Departure Date: _____ Return Date: _____

Type of Premises: Residence: Business: other: _____

Will lights be left on? Yes: No: Location: _____

List any vehicle(s) that will be left on the property:

(1) Make _____ Model _____ Year _____ Color _____ Tag _____

(2) Make _____ Model _____ Year _____ Color _____ Tag _____

(3) Make _____ Model _____ Year _____ Color _____ Tag _____

Will there be any animals left on the property? Yes: No:

Who will have keys and access during absence?

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Anyone else that will be on the property: Yes: No:

Name: _____

Name: _____

In case of emergencies contact: Name: _____ Phone: _____

Any other comments: _____
