

## Residential Check Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Who holds a key to your home? \_\_\_\_\_

Their address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Will there be someone checking on your home during the time you are absent?

Yes No

If so, give name, address and phone number where they can be reached

\_\_\_\_\_

Did you stop your newspaper? Yes No

Did you stop your mail? Yes No

Are there going to be any lights on in the house? Yes No

If yes, where? \_\_\_\_\_

Are these lights on automatic timers? Yes No

If yes, when do they turn on and off? \_\_\_\_\_

Are there going to be any vehicles parked in the driveway? Yes No

If yes, how many and give a description \_\_\_\_\_

Who can we contact in case of an emergency involving your home?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

When are you leaving? \_\_\_\_\_

When are you returning? \_\_\_\_\_

Will someone be mowing lawn/blowing snow? Yes No

If yes, person's name: \_\_\_\_\_

Phone: \_\_\_\_\_