

KEEP CHECK REPORT SHEET

DATE LEAVING: _____ DATE RETURNING: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

DESCRIPTION OF RESIDENCE: _____

ALARM: Y N ALARM COMPANY: _____

ALARM / KEY HOLDER CONTACT PERSON:

(NAME) (ADDRESS) (PHONE NUMBER)

1 _____

2 _____

3 _____

4 _____

LIGHTS LEFT ON OR ON TIMERS: _____

VEHICLES IN DRIVE OR AROUND HOUSE:

(YEAR) (MAKE) (MODEL) (COLOR)

1 _____

2 _____

3 _____

4 _____

PERSONS ALLOWED AROUND RESIDENCE OR LOOKING AFTER PROPERTY:

(NAME) (PHONE NUMBER)

1 _____

2 _____

3 _____

4 _____

5 _____

PETS ON PROPERTY: Y N DANGEROUS: Y N

TYPE OF PETS: _____