

House Check Information Sheet

Location Information

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|----------|------------|
| Name: | Telephone: |
| Address: | |
| Leaving: | Returning: |

Alarms/Lights/Timers

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|---|
| Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type <input type="checkbox"/> Burglary <input type="checkbox"/> Fire <input type="checkbox"/> EMS <input type="checkbox"/> Other: |
| Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Timers/ location: |
| |
| |

Contact Information

| | |
|----------------------|------------|
| Name: | Telephone: |
| Address: | |
| Vehicle(s) Utilized: | |
| Name: | Telephone: |
| Address: | |
| Vehicle(s) Utilized: | |
| Name: | Telephone: |
| Address: | |
| Vehicle(s) Utilized: | |

Vehicle Information

| | | |
|-------|--------|--------|
| Make: | Model: | Plate: |
| Make: | Model: | Plate: |
| Make: | Model: | Plate: |

Person(s) Allowed on Premises

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|-------|
| Name: |
| Name: |
| Name: |
| Name: |

Miscellaneous Information

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