

VACATION WATCH REQUEST

RESIDENT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF DEPARTURE: _____ TIME: _____

DATE OF RETURN: _____ TIME: _____

WILL ANY LIGHTS BE LEFT "ON" CONTINUALLY?: _____ YES _____ NO

IF LIGHTS ARE ON TIMERS, WHAT TIME OR HOURS ARE THEY SET TO BE
"ON"?: _____

LOCATION OF LIGHTS LEFT "ON": _____

DRAPES: _____ OPEN _____ CLOSED

NUMBER OF CAR(S) PARKED IN: _____ DRIVEWAY _____ GARAGE

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

HAS MAIL DELIVERY BEEN STOPPED? _____ YES _____ NO

RESIDENT CAN BE REACHED AT: _____

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP TO RESIDENT: _____

DOES CONTACT HAVE KEY?: _____ YES _____ NO