Vacation/Security Check

| Complaint Nu | mber: | | |
|-----------------|----------------------|-------------------------------------|---------|
| Address: | | | - |
| | | Phone: | _ |
| Departure Date | e: | Return Date: | |
| Type of Premi | ses: Residentia | l:Other: | |
| Have keys bee | n left with anyo | one: Yes: No: | |
| If yes: With W | hom: Name: _ | Address: | |
| In case of eme | rgency contact: | Name: | |
| Phone: | Addr | ess: | |
| Lights On: Yes | s: No: | Automatic: Yes: No: | • |
| Is Premises pro | otected by an al | arm system: Yes: No: | |
| Name of Alarn | ı Company: | Phone: | |
| Date of request | ted vigilance: _ | | |
| Requested by: | Signature: | | |
| | Officer ² | s list of completed security checks | |
| Date | Time | Premises Secure (explain) | Officer |
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