

NOTE: PLEASE USE BLACK INK TO FILL OUT THIS FORM. THANKS!

VACATION HOUSE CHECK

Name: _____ Address: _____

City: _____ Telephone: _____

Leave Date: _____ Return Date: _____

NORMAL CONDITIONS OF HOUSE

Lights: (Will they be on, are they controlled by a timer, etc.) _____

Vehicles left at residence: _____

Vehicles coming and going: _____

Animals: _____

People permitted at location during this period: _____

EMERGENCY CONTACT (This person(s) must be able to secure the house if necessary)

Name: _____ Address: _____

City: _____ Telephone: _____

*****FOR CITY USE ONLY*****

Received by: _____ Date: _____

Copies given to Fairview Police Department & Fairview Public Works