

House Check Form

Date Completed:

Home Owner:

Name:

Address:

Home Phone:

Date Leaving:

Date Returning:

Alarm:

Lights On:

Lights Off:

Vehicles at the residence:

Make/Color/License:

Make/Color/License:

Make/Color/License:

Make/Color/License:

Emergency Contacts:

Name:

Address:

Home phone:

Work phone:

Cell phone:

Alternate contact's name:

Address:

Home phone:

Work phone:

Alternate contact's name:

Address:

Home phone:

Work phone:

Cell phone:

House Information:
