

DEERWOOD COMMUNITY

RESIDENT HOUSE CHECK

DATE: ___/___/___

OWNER'S NAME: _____ TELEPHONE _____

OWNER'S ADDRESS: _____

DEPARTURE DATE: ___/___/___

RETURN DATE: ___/___/___

TIME: __:__ A.M./P.M.

TIME: __:__ A.M./P.M.

LOCAL EMERGENCY CONTACT:

NAME: _____ TELEPHONE (____) _____

ADDRESS: _____

DOES THIS CONTACT PERSON HAVE KEYS TO YOUR HOUSE: YES: _____ NO: _____
WHERE OWNER CAN BE CONTACTED OUT OF TOWN:

NAME: _____ TELEPHONE (____) _____

ADDRESS: _____

SPECIAL INSTRUCTIONS:

SECURITY SYSTEM: YES: _____ NO: _____ COMPANY NAME: _____

TELEPHONE: _____

LIGHTS LEFT ON: LIVING ROOM: ___ DEN: ___ BEDROOM(S): ___ GARAGE: ___

TIMER LIGHTS: (1) ON: __:___ OFF: __:___ (2) ON: __:___ OFF: __:___

LIVING ROOM: ___ DEN: ___ BEDROOM(S): ___ GARAGE: ___

VEHICLE IN GARAGE:

MODEL: _____ YEAR: _____ COLOR: _____ TAG#: _____

VEHICLE IN DRIVEWAY OR IN FRONT OF HOUSE:

MODEL: _____ YEAR: _____ COLOR: _____ TAG# _____

WILL ANYONE BE WORKING AT OR VISITING YOUR RESIDENCE? YES: _____ NO: _____

EXPLAIN: _____

** NOTE **

AUTHORIZATIONS FOR ALL VISITORS MUST BE CLEARED THROUGH CONTROLLED ACCESS SYSTEM.

RECEIVED BY: _____

RESIDENT'S SIGNATURE: _____

