

RESIDENTIAL VACATION CHECK REPORT

RESIDENT'S NAME		FOUNTAIN VALLEY STREET ADDRESS	
DEPARTURE DATE		RETURN DATE	PD use only
HOME PHONE NUMBER	1st CELL PHONE NUMBER	2nd CELL PHONE NUMBER	
REGARDLESS OF BREED OR TEMPERMENT, CHECK "NO ACCESS" IF A DOG HAS ACCESS TO BACK YARD			
BACK YARD ACCESS FROM STREET	IS THERE A DOG ON PREMISES		DOES DOG HAVE BACK YARD ACCESS
Left Side No Access Right Side	Yes No		Yes No
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
ALARM SYSTEM	ALARM COMPANY NAME		PHONE NUMBER
None Audible Silent			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
EMERGENCY CONTACT OTHER THAN OWNER (Name, Relationship, and Phone Number)			
PERSONS AUTHORIZED ON PREMISES			
VEHICLES AUTHORIZED TO BE PARKED ON PREMISES (License Number and Make)			
IF PROPERTY IS IN GATED COMMUNITY		ACCESS CODE	
Name of major street nearest the key pad?			
Vacation Checks will not be completed if access can not be obtained.			
OTHER INFORMATION			
Request Received by		Date	Time