

Resident's Full Name (First, Middle, Last)*

Address to be checked*

Resident's Phone Number (XXX-XXX-XXXX)*

House Check Begins*

House Check Ends*

Mail/Newspaper Action	Stopped Applicable	Not Stopped	Picked Up	Not
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Mail/Newspaper Picked Up By:

Lights	Timers	No lights on	Lights on all the time
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Hours Light Timers On (XX AM- XX PM)

Pets at Residence	Yes	No
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Type of Pets at Residence:

Location of Pets During the Day	Inside	Outside	Kennel	Not Applicable
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Pet Sitter's Name

Pet Sitter's Phone Number (XXX-XXX-XXXX)

Emergency Contact Name & Phone Number*

Emergency Contact Address (street, city, state)

Authorized Visitor #1 (Name and Vehicle Description)

Authorized Visitor #2 (Name and Vehicle Description):

Authorized Visitor #3 (Name and Vehicle Description):

Alarm Set?*	Yes	No
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Any Vehicles Left in Driveway (Make, Model, License Plate #):

Email Address to Send Confirmation*