

RESIDENTIAL VACATION CHECK REPORT

RESIDENT'S NAME		FOUNTAIN VALLEY STREET ADDRESS	
DEPARTURE DATE		RETURN DATE	
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
ALARM SYSTEM None Audible Silent	ALARM COMPANY NAME		PHONE NUMBER
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