Sanbornton Vacant House Check Log

Name: _____

Address: _____

Phone Number: _____

Date Leaving: _____

Date Returning: _____

Lights On Yes ( ) Where: _____
Timer ( ) Alarm Yes ( )
No ( ) No ( )

Vehicles Left:

_____
_____
_____

Other Info:

_____
_____
_____

In Case of Emergency, Contact Person Is:

Name: _____ Phone: _____
Does this person have key access? Yes ( ) No ( )

House Check Log

DATE	TIME	OFFICER	SECURED
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
			YES ( ) NO ( )
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