

# VACATION WATCH REPORT

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From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lights on:  YES  NO

Automatic:  YES  NO

Constant:  YES  NO

Alarm:  YES  NO

Type \_\_\_\_\_

Person(s) holding key: \_\_\_\_\_

Telephone \_\_\_\_\_

Animals on premises:  YES  NO

Other person(s) checking residence \_\_\_\_\_

Car license No. \_\_\_\_\_ Telephone \_\_\_\_\_

What cars will be left in your driveway: No. 1 license no. \_\_\_\_\_

No. 2 license no. \_\_\_\_\_

No. 1 license no. \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_