

VACATION – HOME CHECK LIST

HOW TO USE THIS FORM

- Make copies. Save one as a master copy.
- Complete form just prior to leaving.
- Take completed form with you as a reference.

Checking these areas of your residence may not prevent a burglary or other crime against you or your residence. However, it may reduce the chances of you or your family becoming a crime statistic.

CHECK ALL DOOR LOCKS

Doors to check:

- | | |
|--|---|
| <input type="checkbox"/> Front Door | <input type="checkbox"/> Storm Doors |
| <input type="checkbox"/> Rear/Side Door | <input type="checkbox"/> Sunroom/Porch Door |
| <input type="checkbox"/> Rear/Side Door #2 | <input type="checkbox"/> Garage Door |
| <input type="checkbox"/> Patio Door | <input type="checkbox"/> Garage Door #2 |
| <input type="checkbox"/> House/Garage Divider Door | <input type="checkbox"/> Fence Gates |
| <input type="checkbox"/> Garage Access Door | <input type="checkbox"/> Out Building/Storage Areas |

CHECK ALL WINDOW LOCKS

Rooms to check windows:

- | | |
|---|--|
| <input type="checkbox"/> Master Bedroom | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Bedroom #2 | <input type="checkbox"/> Den/Family Room |
| <input type="checkbox"/> Bedroom #3 | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Bedroom #4 | <input type="checkbox"/> Dining Room |
| <input type="checkbox"/> Bedroom #5 | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Master Bath | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Bath #2 | <input type="checkbox"/> Out Building |
| <input type="checkbox"/> Bath #3 | <input type="checkbox"/> Other |

CHECK OPERATION OF:

- Security System
- Inside Sensor Lights
- Electric Timer for Lights, TV or Radio
- Outside Sensor Lights
- Other Security Lights

TURN OFF OR ADJUST SETTINGS OF:

- Heating/Cooling Units
- Kitchen Stove/Oven
- Water to Washing Machine
- Coffee Maker, Iron, Etc.

MISCELLANEOUS:

- Is your up-dated property inventory in a safe place?
- Have you secured all weapons and valuables and locked all safes?
- Did you leave a vehicle parked in your driveway?

HAVE YOU INFORMED...

- Local Law Enforcement Agency
- Security/Alarm Monitoring Co.
- Landlord/Apartment Manager
- Neighbor or Relative

Name: _____

Relative Neighbor: _____

Phone: (_____) _____

DOES SOMEONE HAVE ...?

- Phone/Address list of your Location(s)
- Code to your Security System
- Keys to your Home and other Locks

Contact Person: _____

Phone: (_____) _____

IS SOMEONE...?

- Picking up your mail or have you requested stop delivery?
- Picking up your newspaper or have you requested stop delivery?
- Taking your trash can(s) to the curb to provide the appearance that someone is home?
- Mowing your lawn to provide the appearance that someone is home?
- Taking care of your pets?

Date Left Residence:

Time:

AM

PM