



INCIDENT # \_\_\_\_\_

### REQUEST FOR VACATION SECURITY CHECK

Please call ICOM (679-9567) and notify them that you are requesting a vacation security check.

<b>BEGIN ON:</b>	<b>END ON:</b>
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Name (PRINT): \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Reason:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Vacation	<input type="checkbox"/> Other (list)
Type:	<input type="checkbox"/> Business	<input type="checkbox"/> Residence	<input type="checkbox"/> Other (list)

**ALARM INFORMATION**

Is there an alarm on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Alarm: <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> Other Alarm Maintenance Company: _____
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**PROPERTY INFORMATION**

Describe Residence (color, style, stories, etc): _____		
Are the House Numbers Visible on Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Apt or Space Numbers Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the residence visible from the street? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" describe landmarks to make it easier to locate): _____		
Will interior lights be left on all night? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are lights on a timer? If so, please specify: _____	Drapes/curtains/blinds will be: <input type="checkbox"/> Open <input type="checkbox"/> Closed
Will there be vehicle(s) visible on property: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes place describe)		
License Plate Number:	Make / Model / Color / Year:	
License Plate Number:	Make / Model / Color / Year:	
License Plate Number:	Make / Model / Color / Year:	
Are there animals on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No    What kind: _____		
Are the animals loose on property: <input type="checkbox"/> Yes <input type="checkbox"/> No    Are the loose animals prone to attack: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will Someone be on your property to care for the animals? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES please fill out below)		
Animal care person: _____		Phone number (    ) _____
Does anyone else have keys to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will they be coming on the premises during your absence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes explain below)		
Name: _____	Name: _____	
Address: _____	Address: _____	
Phone Number: (    ) _____	Phone Number: (    ) _____	
How can you be reached incase of an emergency: _____		

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER: Please call ICOM as soon as you return 679-9567.**

