

LAKES OF THE FOUR SEASONS HOUSE CHECK REQUEST

House Check Number _____

Name:	Date of Request:	Date Leaving / Time:
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Address:	Date Returning / Time:
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Home Phone:	Cell Phone:	Contact Number Where You Can Be Reached:
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Will someone else also be checking your Home? Yes No Do they have a key? Yes No
If so, who?

Name:	Address:	Contact Phone No.:
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Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Cell Phone No.:
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Are there any animals on the property? Yes No
If so, what type of animals: _____

Will there be any vehicles parked in your driveway and/or in front of your residence? Yes No
If so, what kind?

Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Where Located:
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Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Where Located:
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Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Where Located:
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Will there be any lights left on timers? Yes No
If so, which ones:
 Living Room Kitchen Master Bedroom Family Room Garage
 Other: _____

Does your residence have an alarm system? Yes No
If so, what is the name and contact number of your alarm company?

Alarm Company Name:	Contact Phone No.:	Name/Number of Person Knowledgeable of Alarm:
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Please acknowledge and fully understand that this service is provided as a courtesy of the Lakes of the Four Seasons Security Department, and that this service can only be supplied to the extent that man power and other circumstances permit. You further understand and acknowledge that the Lakes of the Four Seasons Security Department will not be held liable for any loss or damage that may occur during your absence.

Signature: _____ Date: _____

