

### Property Check List

#: \_\_\_\_\_ Departs: \_\_\_\_\_ Returns: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm:  Yes  No Type: \_\_\_\_\_ Resets:  Yes  No

Lights On:  Yes  No Timer:  Yes  No

Animals on Property:  Yes  No Will Bite:  Yes  No

Vehicles on Property: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons Allowed on Property: \_\_\_\_\_

Additional Info: \_\_\_\_\_

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Persons Allowed on Property: \_\_\_\_\_

Additional Info: \_\_\_\_\_