GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

Retired Seniors Volunteer Program

VACATION HOUSE CHECK

Name:			Phone:
Address:			
Departure Date:	Alarm: ☐ Yes ☐ No	Company:	Phone:
Date of Return:		Will animals be left at the residence?: ☐ Yes (explain below) ☐ No	
ENTER **EMERGENCY CONTACT** INFORMATION BELOW			
Name:		Home Phone #:	Work Phone #:
Address:		Home Access Available: ☐ See Contact ☐ Other (explain below)	
Comments:			

"In Partnership With Our Community"

HOUSE CHECK LOG

This Section for Use of Retired Senior Volunteers ONLY

DATE	TIME	VOLUNTEER	COMMENTS