GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

Retired Seniors Volunteer Program VACATION HOUSE CHECK

		Heilitell Hoese elleen			
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