



1209 Broad St. Milliken, CO 80543 • 970-587-2772 • Fax: 970-587-8522

VACATION WATCH

NAME: _____

ADDRESS: _____

PHONE: _____

Home Business

Protected by alarm system? Yes No If yes, Company phone: _____

LIGHTS ON: Yes No Motion sensors? Yes No

Keys left to premises? Yes No

IF Yes, Name _____

Address: _____

Phone: _____

Other persons who will have access to premises: (Relatives, Workers, Neighbors, Employees):

Please list a phone number in case of Emergency where we can contact you.

Phone: _____

I request that a security check be made of my premises from

Dates: _____ to _____

Signature

Date of Request