



302 Regents Blvd.

Fircrest, WA 98466

Phone: (253) 565-1198 • Fax: (253) 564-2538

Request for Vacation Check

Please submit at least 5 business days prior to the date of your departure

Reque	sted By	
Name:	Date of Request:	
Address of Premises:		
City, State, Zip:	Phone:	
Date of Departure:	Date of Return:	
Premises and Conta	act Information	
✓ Does anyone have permission to be in the home?	Yes	No
If Yes, Name	Phone	
✓ Does anyone have keys to the premises?	Yes	No
If Yes, Name	Phone	
✓ In case of an emergency, who should we contact? Name Ph	none	
✓ Any lights left on? Yes No	Location	
Lights on Timers? Yes No		
✓ Any Pets left at residence?	Yes	No
Location of Pets	Type of Pets	
✓ Do you have an Alarm System?	Yes	No
✓ Do you have Yard Care?	Yes	No
Name	Days	
✓ Have you made arrangements for your mail/newspaper?	Stopped	Picked Up
✓ Vehicles Left in Driveway? (Be aware there is a city ordina periods)	nce against leaving vehicles	parked on the street for prolonged
Vehicle 1	Vehicle 2	
Vehicle 3	Vehicle 4	

⁻ Any Additional Information?