Vacation House Check

Name:

Address:

Telephone: Home: Cell:

Date Leaving:

Date Returning:

Key holder to contact in case of emergency at your home:

Name:

Address:

Phone Number:

Do you have an alarm system?

Will there be lights on inside of the residence?

If yes, location of interior lights and will they be on a timer?

Will there be vehicles in the driveway?

If yes, description of the vehicle:

Is there anyone else other than the key holder that is allowed in the residence or on the property?

If yes, please add name(s):

Please submit vacation requests by mail, fax (651) 982-2399 or email: lhawkinson@linolakes.us one week prior to your departure date. Thank you.