

HFCA House Check Service Authorization Form

Name _____ Phone _____

Street Address *(including house #)* _____

Mailing Address _____

Alternate Phone # _____ Cell # _____

E-Mail Address _____

Date/Time of DEPARTURE _____ **Date/Time of RETURN** _____

(Please, notify us immediately if departure or return times change.)

EMERGENCY CONTACTS: You **must** designate a contact person.

Name _____ Phone _____

Address _____ Do they have a key? _____

Name _____ Phone _____

Address _____ Do they have a key? _____

VEHICLES LEFT ON PROPERTY: (DO NOT INCLUDE VEHICLES IN GARAGE)

Year _____ Make _____ Model _____ Color _____ Lic# & State _____

Year _____ Make _____ Model _____ Color _____ Lic# & State _____

ALARMS - Is there an Alarm _____ No? _____ Yes?

If Yes, Alarm Company Name & Phone # _____

Please register the alarm with HFCA Public Safety before check services begin. A registration form is available on HFCA.com and at the HFCA Public Safety Office.

TIMERS

Are any appliances or lights on timers? _____ Yes? _____ No?

Explain: _____

PERSONS AUTHORIZED ON PROPERTY: (Lawn/pet care, house sitters, etc.)

Name _____ Name _____

Name _____ Name _____

HOUSE SITTER INFORMATION

Name _____ Hours & Dates House Sitter will be present _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

Broken Windows or Screens? _____ Where _____

Pets in yard? _____ What Type? _____ How Many? _____

If yes, name & phone # of person caring for pets _____

Rear yard locked? _____ Newspaper & other deliveries stopped? _____

ADDITIONAL INFORMATION: _____

I request that House Checks be made of the exterior of my house while I am away. I understand that the Public Safety Department will make House Checks randomly and as time permits. I will hold HFCA harmless and indemnify HFCA from all claims, and I release HFCA and the Public Safety Department from all liability for loss of property or damage occurring during the period of this House Check authorization.

INFORMATION GIVEN BY _____ DATE _____