



## VACATION REQUEST FORM

<b><u>Name :</u></b>	<b><u>Address:</u></b>
<b><u>Departure Date:</u></b>	<b><u>Return Date:</u></b>
<b><u>Phone Numbers</u></b>	

Complete the following information if someone will be staying in your home while you are away:

Name	Make/Model of Vehicle	Phone Number
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Please complete the following:

	Yes / Comment	No / Comment
1. Are there any lights to be left on?		
2. Are any lights on timers?		
3. Is your home alarmed?		
4. Do you have any fences?		
5. Are any pets being left at home?		
6. Are curtains/blinds being left open?		
7. Are curtains/blinds being left closed?		
8. Did you stop mail/newspapers?		
9. Any vehicles left at residence?		

If you answered yes to Question 3, is Intervention Group listed as a contact/responder? Yes\_\_\_\_ No\_\_\_\_

Alarm Company Name/Telephone\_\_\_\_\_

If you answered yes to Question 4, please provide the location of the fences? \_\_\_\_\_

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Please list any additional information that you feel is pertinent\_\_\_\_\_

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**Mail or fax completed form to Intervention Group Inc.  
P.O. Box 28521, Oakland CA 94604 Fax: (415) 647-7772**