

Section 4

Household Information

Landlord: (Must receive a written notice to vacate 30 days in advance)

Name: _____

Telephone#: () _____ Cell Phone #:() _____

Email Address: _____

Address: _____

Rental Amount: _____ Date Due: _____ Deposit paid: _____

Is there a lease? _____ Date of expiration/renewal: _____

Location of paperwork _____

Note: _____

Neighbor: _____ Home Telephone#:() _____

Address: _____

Work Telephone #:() _____ Cell Phone #:() _____

Neighbor: _____ Home Telephone#:() _____

Address: _____

Work Telephone #:() _____ Cell Phone #:() _____

Out of State Contact: _____ Home Telephone#: _____

Address: _____

Work Telephone #:() _____ Cell Phone #:() _____

Location of:

Extra house key(s): _____

Electrical breaker box: _____

Gas turn off: _____

Water cut-off: _____

Alarm system box: _____

Thermostat: _____

Family address book: _____

Answering machine and code: _____

Mail box key & box # & location: _____

Automatic sprinkler system controls: _____

Post office box # and post office address: _____

Safe deposit box # and location: _____

_____ Location of key: _____

Other: _____

Other: _____

Other: _____

Other: _____

Names, Telephone # and schedule routine visits if applicable:

Alarm Company _____ () _____

Barber/Beautician _____ () _____

Child care giver _____ () _____

Clergy _____ () _____

Dentist _____ () _____

Dry cleaners: _____ () _____

Address: _____

Family historian: _____ () _____

Garbage pickup day: _____ () _____

Instructions (e.g. Are the cans put on the sidewalk:?) _____

Recycle pickup day & instructions: _____

Gardener/Lawn Service: _____ () _____

Days and time of scheduled visit: _____

House Cleaning: _____ () _____

Days and time of scheduled visit: _____

Home repair service: _____ () _____

Mechanic/Car: _____ () _____

Newspapers _____ () _____

Newspapers _____ () _____

Orthodontist _____ () _____

Pharmacy _____ () _____

Address: _____

Physicians (See Health Section)

Pool Service: _____ () _____

Phone provider: _____ () _____

Cell phone provider: _____ () _____

Cable/Dish TV: _____ () _____

Internet/Broadband/DSL: _____ () _____

Other Service Providers: _____

Other Important Home Information:

Computer user name and password: _____

Cell phone password: _____

Email Address(s): _____

User name and password: _____

Service Provider: _____ Telephone#: () _____

Voice Mail Access # and Code: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

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Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Website: _____ Username: _____ Password: _____

Other: _____

Other: _____
Other: _____
Other: _____
Other: _____

Other Equipment information:

Sporting Equipment:

Bicycles:

Bicycle style, license and serial #: _____
Bicycle style, license and serial #: _____
Bicycle style, license and serial #: _____
Bicycle style, license and serial #: _____

Off-site Rented Storage Unit:

Name of Facility _____
Address: _____
Telephone #:() _____ Access hours: _____
Gate instructions: _____
Key Location or combination: _____
Date and Amount Rent Due: _____
Does the facility send a monthly bill? YES NO
Automatic debit from bank account? YES NO

Subscriptions to Publications:

Publication name: _____

Address: _____

Expires: _____ Telephone #:() _____

Publication name: _____

Address: _____

Expires: _____ Telephone #:() _____

Publication name: _____

Address: _____

Expires: _____ Telephone #:() _____

Publication name: _____

Address: _____

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Publication name: _____

Address: _____

Expires: _____ Telephone #:() _____

Publication name: _____

Address: _____

Expires: _____ Telephone #:() _____

Publication name: _____

Address: _____

Expires: _____ Telephone #:() _____

Frequent Flier Points/Miles, Travel Benefits Earned with Credit Card, etc.:

Name: _____

Telephone #:() _____

Website: _____

Expiration and inheritance policies: _____

Name: _____

Telephone #:() _____

Website: _____

Expiration and inheritance policies: _____

Name: _____

Telephone #:() _____

Website: _____

Expiration and inheritance policies: _____

Name: _____

Telephone #:() _____

Website: _____

Expiration and inheritance policies: _____
