



VACATION POLICE PATROL FORM

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

NAME OF HOMEOWNER: _____

PHONE NO: _____

ADDRESS: _____

WILL LIGHTS BE LEFT ON (Y/N)? _____

THERE WILL BE _____ VEHICLES IN GARAGE

THERE WILL BE _____ VEHICLES IN DRIVEWAY

DESCRIPTION OF VEHICLES (MAKE/MODEL/COLOR/YEAR):

(1) _____

LICENSE NO. _____

(2) _____

LICENSE NO. _____

(3) _____

LICENSE NO. _____

HOMEOWNER CONTACT INFORMATION

EMAIL: _____

PHONE NO: _____

EMERGENCY CONTACT: _____

PHONE NO: _____

ADDRESS: _____

DOES THIS PERSON HAVE A KEY TO HOME (Y/N)? _____

LIST PEOPLE AND VEHICLES EXPECTED TO BE ON PREMISES:

ALARM SYSTEM (Y/N)? _____ IF YES, COMPANY NAME & PHONE NO: _____

FOR POLICE DEPARTMENT INFORMATION ONLY:

DATE CHECKED	TIME CHECKED	DSN	DATE CHECKED	TIME CHECKED	DSN