

VACATION CHECK

BEAT _____ NUMBER _____

NAME _____ LEAVE DATE _____ RETURN DATE _____

ADDRESS _____ PHONE _____

TYPE OF PREMISES: RESIDENCE _____ BUSINESS _____ OTHER _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE: _____ DO THEY HAVE A KEY? YES _____ NO _____

HAVE LIGHTS BEEN LEFT ON? YES _____ NO _____ TIMER _____

DO YOU HAVE AN ALARM SYSTEM? YES _____ NO _____
COMPANY _____ PHONE _____ FIRE _____ BURGLAR _____

WILL ANYONE HAVE ACCESS TO THE PREMISES? YES _____ NO _____
WHO? _____ PHONE _____

IN CASE OF EMERGENCY, DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? _____

c/o NAME _____ PHONE _____
c/o NAME _____ PHONE _____

VEHICLES AT PREMISES: MAKE _____ COLOR _____ LICENSE _____
MAKE _____ COLOR _____ LICENSE _____

HAVE YOU ADVISED A NEIGHBOR OF YOUR ABSENCE? YES _____ NO _____

PAPERS/MAIL BEING COLLECTED? YES _____ NO _____ BY WHOM? _____

OTHER INFORMATION: _____

DATE TIME WATCH OFFICER RESIDENCE INFO (CASE# IF NEEDED)

