Police Department
Vacation Watch Request

Name:_____

Address:_____ Phone:_____
(where I can be contacted while away)

Departure Date:_____ Return Date:_____

Anyone with access and/or keys to the premises: Y/N

Name:_____ Phone:_____

Name:_____ Phone:_____

Lights left on and location:_____

Vehicle(s) left in driveway:_____

I understand this request valid for a maximum of thirty (30) days. I agree to notify the Police Department upon my return.

_____ _____
Signature Date

Date	Time	Officer	Comments