VACATION CHECK

Venue _____

Name _____

Address _____

Telephone _____

Date of Departure _____ Date of Return _____

EMERGENCY CONTACT PERSON

Name _____

Address _____

Telephone _____

COMMENTS

Is Building Alarmed? No ☐ Yes ☐

Alarm Company Name/Telephone _____

Lights Left On? No ☐ Yes ☐

If Yes, Where? _____

ehicle(s) in Driveway? No ☐ Yes ☐

If Yes, Description(s) _____

Other Comments _____

DATE	TIME	DEPUTY	COMMENTS