



VACATION CHECK REQUEST

Property Address: _____

Departure Date/Time: _____ Return Date/Time: _____

Owner/Tenant: _____

Phone Number (home and cell): _____

Local Emergency Contact Name: _____

Local Emergency Contact Number: _____

Alarm Company and Phone Number: _____

Miscellaneous Information (timed lights, vehicles to remain on property, pets, house sitter):

Did you suspend newspaper and/or mail deliveries: Yes No Not Applicable

Please attempt to submit this form at least 48 hours prior to departure.

Signature: _____ Date: _____

DEPARTMENT USE ONLY BELOW

Received by: _____ Date: _____

Sector Officer: _____