Vacation Check

Name: _____

Sex/Race: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Departure Date:_____AM/PM Return Date: _____AM/PM

Keyholder #1:_____
(Name)

_____
(Address)

_____
(Daytime Phone Number) (Alternate Phone Number)

Keyholder #2:_____
(Name)

_____
(Address)

_____
(Daytime Phone Number) (Alternate Phone Number)

Any lights on in the home and location: _____

Any vehicles in the driveway or garage: _____

Have the mail and papers been stopped: _____

In the winter, is someone responsible for shoveling the walk:_____
(Name and Phone Number if available)

Using the space below, is there any other information the police should be aware of: