VACATION CHECK REPORT

Incident #:	District:
Address:	Phone #:
Name:	
Reason for extra patrol: Vacation: □ Other: □	
Alarm Systems: Yes □ No □ Alarm Company:	
Lights on? Yes □ No □ Timer ____ to ____ Location:	
Keys left with anyone? Yes □ No □	
Keys left with: Name:	
Address:	Phone #:
Other person that have access to the premises: _____ _____	
In case of emergency do you wish to be notified by collect call? Yes □ No □	
If yes: Name:	
Address:	Phone #:
Leaving date:	Return date:
Signed:	

OFFICER'S SECURITY CHECK REPORT

Date	Time	Premises secure (if not, state type filed or action taken)	Officer