

LOVES PARK POLICE

Vacation Check

Today's Date: _____

Name: _____ Address: _____ Phone: _____

Date Leaving: _____ Return Date: _____ Lights on Timer: Yes No

If Yes, Where:	Living Room	Yes	No	If on Timer, Time On: _____	Time Off: _____
	Dining Room	Yes	No	If on Timer, Time On: _____	Time Off: _____
	Kitchen	Yes	No	If on Timer, Time On: _____	Time Off: _____
	Family Room	Yes	No	If on Timer, Time On: _____	Time Off: _____
	Basement	Yes	No	If on Timer, Time On: _____	Time Off: _____
	Other	Yes	No	If on Timer, Time On: _____	Time Off: _____

Will There be any Vehicles in the Driveway at any Time: Yes No

Vehicle #1 Color: _____ Year: _____ Make: _____ License Number: _____

Vehicle #2 Color: _____ Year: _____ Make: _____ License Number: _____

Vehicle #3 Color: _____ Year: _____ Make: _____ License Number: _____

Person(s) to contact in case of an Emergency: _____

Address: _____ Phone: _____ Keys: Yes No

Is it possible to contact you in case of an emergency: Yes No

If yes, How should we contact: _____

Will the mail be picked up: Yes No Cancelled

Will any other deliveries be picked up: Yes No Cancelled

Will the newspaper be picked up: Yes No Cancelled

Will the grass be cut or snow be removed: Yes No Maybe By whom: _____

Additional Information: _____

*****Please Contact the Police Department Upon Your Return*****