

Vacation Check

From:

To:

Name:

Address:

Phone:

Cell:

Emergency Contact:

Phone:

Location of Keys:

Lights:



Yes



No



Timer

Scheduled Premise Check

Date	Time	Officer	Disposition	Ok	Other

Special Instructions/Comments

PRINT OUT THIS FORM AND TURN IT INTO THE SHERIFF'S DEPT AT LEAST 7 DAYS PRIOR!

OUR COMMUNITY SERVICE OFFICER WOULD LIKE TO COME OUT TO YOUR HOME, MEET YOU, AND GIVE YOU TIPS ON HOW TO PROTECT YOUR HOME WHILE YOU ARE GONE!