



# OAK RIDGE NORTH POLICE DEPARTMENT



## VACATION CHECK REQUEST

PROPERTY ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

CELL PHONE (if different from contact #): \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ TIME OF EXPECTED DEPARTURE: \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

DATE OF RETURN: \_\_\_\_\_ TIME OF EXPECTED RETURN: \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

**IN CASE OF EMERGENCY** – NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WILL THEY HAVE KEYS TO THE PROPERTY? YES  NO

### **INFORMATION ABOUT RESIDENCE TO BE CHECKED:**

\* WILL THERE BE LIGHTS: ON A TIMER  - WHICH LIGHTS: \_\_\_\_\_

LEFT ON  - WHICH LIGHTS: \_\_\_\_\_

\* WILL THERE BE ANIMALS LEFT: INSIDE THE HOUSE  OR OUTSIDE  OR NONE?

WHO WILL TAKE CARE OF THEM: \_\_\_\_\_

\* IS THERE A SWIMMING POOL/HOT TUB THAT WILL REQUIRE ATTENTION WHILE YOU ARE AWAY: YES  NO

WHO WILL TAKE CARE OF THE SWIMMING POOL/HOT TUB? \_\_\_\_\_

\* IS THERE AN ALARM SYSTEM ON THE HOUSE: YES  NO

ALARM COMPANY NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDITIONAL DETAILS: \_\_\_\_\_

\* WILL THERE BE SOMEONE PICKING UP THE MAIL: YES  NO  - NAME: \_\_\_\_\_

\* WILL THERE BE SOMEONE TAKING CARE OF THE YARD: YES  NO  - NAME: \_\_\_\_\_

\* WILL THERE BE ANY VEHICLES ON THE PROPERTY: YES  NO

IN THE GARAGE: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

IN THE DRIVEWAY: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_