



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 _____