



MT. ZION POLICE DEPARTMENT VACATION CHECK FORM

CURRENT DATE: _____

RESIDENTS NAME _____

ADDRESS _____

LEAVING DATE AND TIME _____ RETURNING DATE AND TIME _____

NAME AND NUMBER OF EMERGENCY CONTACTS

1. _____ 2. _____

LIGHTS LEFT ON & LOCATION _____

DELIVERIES CANCELLED? _____

SHADES DRAWN/OPEN & LOCATION _____

IS THERE AN ALARM SYSTEM? _____

WILL IT BE ARMED? _____ Yes _____ No

NAME & PHONE # FOR ALARM COMPANY: _____

ARE THEY LEAVING ANY VEHICLES/BOATS/CAMPERS/TRAILERS BEHIND?

MAKE/LICENSE NUMBER/COLOR AND YEAR OF VEHICLE(S) LEFT BEHIND:

ANY YARDWORK OR CONSTRUCTION DURING RESIDENT'S ABSENCE? _____ If, yes, Explain

WHERE PARKED (GARAGE, DRIVEWAY, STREET, ETC.)

DOES ANYONE HAVE PERMISSION TO BE ON/IN THE PROPERTY DURING RESIDENT'S ABSENCE?

Yes _____ No _____ If yes, Explain _____

WILL ANY PETS BE REMAINING ON/IN THE PROPERTY? WILL ANYONE BE CHECKING UP ON THEM?

Yes _____ No _____