SLATON POLICE DEPARTMENT

VACATION HOME WATCH

	Police Number:
Address:	
Date Leaving:	Date Returning:
Name:	Home Phone #:

EMERGENCY NOTIFICATION

Name:	Relation:	Phone No:
Has Spare Keys? Yes No		
Location of Spare Keys (if any)		

PERSONS ALLOWED AT RESIDENCE

Name:	Relation:
Name:	Relation:
Name:	Relation:
Name:	Relation:
Comments:	

RESIDENTS INFORMATION

Alarm System: Yes: No:	Alarm Company:	
Lights On Yes:___ No:___	Where in House:	
Cars Left at Residence:	Description:	
Pets at Home: Yes: ___ No:___	Inside:_____ Outside:_____	Description:
Mail Stopped: Yes:____ No:___	Newspaper Stopped: Yes:____ No:____	
Called In By:		
Taken By:	ID Number:	
Date:	Time:	

SECURITY CHECK BY/ON

Officer/ID No.	Date:	Time:
Officer/ID No.	Date:	Time:
Officer/ID No.	Date:	Time:
Officer/ID No.	Date:	Time:
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