

**SHIAWASSEE COUNTY SHERIFF DEPARTMENT
VACATION HOME REPORT**

VACATION #: _____

DISTRICT: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ TOWNSHIP: _____

PHONE NUMBER: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

WILL THERE BE ANY LIGHTS LEFT ON? Yes _____ No _____

WILL THEY BE ON A TIMER? Yes _____ No _____

WILL SOMEONE OTHER THAN THIS DEPARTMENT BE CHECKING THE HOUSE? Yes _____ No _____

IN CASE OF AN EMERGENCY NOTIFY: _____

Name

Address

Telephone Number

WILL THERE BE ANY CARS LEFT IN THE DRIVEWAY? Yes _____ No _____

1.	_____	_____	_____	_____	_____
	Year	Make	Model	Color	License Number
2.	_____	_____	_____	_____	_____
	Year	Make	Model	Color	License Number
3.	_____	_____	_____	_____	_____
	Year	Make	Model	Color	License Number

WILL THERE BE ANY DOGS LEFT AT HOME? Yes _____ No _____

SECURED _____ NOT SECURED _____

SIGNATURE OF PERSON TAKING THIS INFORMATION

DATE