

# SCHERERVILLE POLICE DEPARTMENT VACATION CHECK REQUEST

Name:	Date of Request:	Date Leaving/Time:
Address:		Date Returning/Time:
Home Phone:	Cell Phone:	Contact Number Where You Can Be Reached:

Will someone be checking on your residence?  YES  NO Do they have a key?  Yes  No  
 If so, who?

Name:	Address:	Contact Ph. No.:
Vehicle Make:	Vehicle Model:	Vehicle Color:
		Plate No. &/or State:
		Cell Phone No.:

Are there any animals on the premises?  YES  NO  
 If so, what are they?

Will there be any vehicles parked in your driveway and/or in front of your residence?  YES  NO  
 If so, what kind?

Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Where Located?
Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Where Located?
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Will there be any lights left on timers?  YES  NO  
 If so, which ones:  
 Living Room       Kitchen       Master Bedroom       Family Room  
 Other: \_\_\_\_\_  
 Will the mail and newspaper be stopped?  mail       newspaper  
 If so, which one(s)?

Does your residence have an alarm system?  YES  NO  
 If so, what is the name and contact number of your alarm company?

Alarm Company Name:	Contact Phone No.:	Name/Number of Person Knowledgeable in Alarm Operation:
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