

# Sutherlin Police Department

## REQUEST FOR VACATION/SECURITY CHECK

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Anticipated return Date: \_\_\_\_\_

TYPE OF PREMISES: Residence  Business  Other \_\_\_\_\_

Alarm System? Yes  No

If yes, Name of Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Lights left on? Yes  No  Inside \_\_\_\_\_ Outside \_\_\_\_\_

Lights on timers? Yes  No  Start \_\_\_\_\_ am pm End \_\_\_\_\_ am pm

Keys left with anyone: Yes  No

If yes, Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Any vehicles left in the driveway or yard? Yes  No

Make: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Anyone working about or have access to the premises during your absence? Yes  No

If yes, Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Emergency contact or where you will be staying:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Any animals on the premises?

Yes  No  If yes, what kind and where located? \_\_\_\_\_

RETURN \ CANCEL DATE: \_\_\_\_\_

**Mail or return form to:**

**Sutherlin Police Department, 126 E Central Av, Sutherlin, OR 97479**

Phone: 459-2211 Fax: 459-4953