



TURNER POLICE DEPARTMENT REQUEST FOR VACATION HOUSE CHECK

Name: _____

Address: _____

Phone Number: _____

House Color: _____

Date Leaving: _____ Return Date: _____

Owners may be contacted while away at: _____

SPECIAL CONDITIONS

Lights: _____

Mail/Deliveries Stopped: YES or NO

Person Authorized on Premises: _____

Vehicles: _____

Pets left at home: _____

LOCAL PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____

Address: _____

Phone: _____

Does contact person have a key to the property? YES NO

*** PLEASE CALL TO CANCEL CHECK WHEN YOU RETURN ***

For Office Use Only

Date Received _____ Time Received _____ Received by _____

Received: P W F _____ CR # _____