SECURITY NOTICE: RESIDENT ON VACATION

RESIDENT NAME: _____

RESIDENT ADDRESS: _____

SUB-DIVISION NAME: _____

RESIDENT HOME PHONE NUMBER: _____

DATE OF DEPARTURE: _____ TIME: _____

ANTICIPATED DATE OF RETURN: _____ TIME: _____

ALARM COMPANY NAME (OPTIONAL): _____ PHONE NUMBER (OPTIONAL): _____

IN CASE OF EMERGENCY, NOTIFY: _____

PERSON TO BE NOTIFIED, PHONE: _____

DOES PERSON TO BE NOTIFIED HAVE A KEY TO RESIDENCE? _____

LIST OF PERSONS AUTHORIZED TO BE AT RESIDENCE DURING YOUR ABSENCE: _____

_____

_____

_____

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

WILL YOU NOTIFY PATROL OFFICER WHEN YOU RETURN HOME: YES _____ NO _____

NEWSPAPERS STOPPED: YES _____ NO _____

U.S. MAIL STOPPED: YES _____ NO _____

INTERIOR LIGHTS ON TIMERS: YES _____ NO _____

DESCRIBE VEHICLE PARKED AT RESIDENCE OUTSIDE GARAGE OR IN DRIVEWAY: _____

_____

_____

RESIDENT RETURN VERIFIED BY OFFICER: _____ DATE: _____ TIME: _____