



SILVER BAY POLICE DEPARTMENT

Vacation Watch Form

checks will be performed as often as time permits during the shift

Date _____

Name		Phone	
Address		Cell Phone	
Departure Date		Returning Date	

LOCAL EMERGENCY CONTACT			
Name		Phone	
Address		Cell Phone	
		Do they have keys?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE ON PROPERTY (not including inside the garage)				
Year	Make	Model	Color	License

ALARMS				
Does the house have an alarm? Yes <input type="checkbox"/> No <input type="checkbox"/>			Will monitoring be on? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Alarm Company		Phone Number		

PERSONS AUTHORIZED ON PROPERTY			
Name		Phone Number	
Name		Phone Number	

HOUSE SITTER INFORMATION		
Name		Phone Number
Hours and dates present		

Temperature Light Insalled? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where Visible?
Did you leave any lights on: Yes <input type="checkbox"/> No <input type="checkbox"/>	Newspaper stopped? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mail stopped? Yes <input type="checkbox"/> No <input type="checkbox"/>	Water shut off? Yes <input type="checkbox"/> No <input type="checkbox"/>
Curtains: Open _____ Closed _____ Partial _____	

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