

# GRIFFITH 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 your residence?  Yes  No      Do they have a key?  Yes  No  
 If so, who?

Name:	Address:	Contact Phone 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 kind and where 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:
Vehicle Make:	Vehicle Model:	Vehicle Color:	Plate No. &/or State:	Where Located:

Will there be any lights left on timers?  Yes  No  
 If so, which ones:  
 Living Room       Kitchen       Master Bedroom       Family Room  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

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 Oper.:
---------------------	--------------------	---