



SEDGWICK POLICE DEPARTMENT VACATION HOUSE SECURITY CHECK

Name _____
Address _____
Departure Date _____ Return Date _____

Lights: On Off Other Lights: _____

Vehicles: In Driveway On Street
 Make _____ Model _____ Color _____
 Make _____ Model _____ Color _____

Others Who Are Checking House

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____

Contact Person(s) in Case of Emergency (MUST BE COMPLETED).

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____

Officer Record of Checks

Date	Time	Signature

NOTE: When resident returns from vacation, this completed form must be filed in work center files.