

VERSAILLES POLICE DEPARTMENT
Vacation House Check Watch

Name: _____
Address: _____
Home Telephone Number: _____
Leave Date and Time: _____ Return Date and Time: _____

About Your Residence

Is there an alarm system? _____
If yes, provide name/number of monitoring company: _____

Are there security/motion lights? _____
If yes, provide location and if on timer, motion, etc: _____

Are there lights on inside the residence? _____
If yes, provide location and if on timer, motion, etc: _____

Has mail/paper delivery been stopped? _____

Will anyone be working or have access to the home while you are away other than the person(s) listed below? _____

Will there be any vehicles at the residence? _____
If yes, provide description of vehicle(s) with license number(s); _____

Emergency Contact Information (Must have keys to residence)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Taken By: _____ Date: _____

Please send completed forms to: _____
_____ **Versailles Police Department**
_____ **6 South Center Street**
_____ **Versailles, OH 45380**