



Village of
Eagle Police Department
VACATION HOUSE CHECK INFORMATION

ADDRESS _____

HOUSE WILL BE VACANT FROM _____ TO _____

NAME _____ PHONE # _____

KEY HOLDER / EMERGENCY CONTACT

NAME _____ PHONE # _____

ADDRESS _____

KEY HOLDER / EMERGENCY CONTACT

NAME _____ PHONE # _____

ADDRESS _____

OTHER INFORMATION

AUTOMATED LIGHTS/TIMERS: NO / YES _____

ROOMS / LOCATIONS

ALARM: NO / YES _____

COMPANY

VEHICLE: _____
MAKE MODEL COLOR PLATE LOCATION PARKED

VEHICLE: _____
MAKE MODEL COLOR PLATE LOCATION PARKED

ADDITIONAL INFORMATION _____

DATES CHECKED AND OFFICER'S INITIALS

1 _____	11 _____	21 _____	31 _____
2 _____	12 _____	22 _____	32 _____
3 _____	13 _____	23 _____	33 _____
4 _____	14 _____	24 _____	34 _____
5 _____	15 _____	25 _____	35 _____
6 _____	16 _____	26 _____	36 _____
7 _____	17 _____	27 _____	37 _____
8 _____	18 _____	28 _____	38 _____
9 _____	19 _____	29 _____	39 _____
10 _____	20 _____	30 _____	40 _____