



VILLAGE OF
EAGLE POLICE DEPARTMENT
HOUSE / BUSINESS PROPERTY
VACATION CHECK

SQUAD:
696 | 697

CONFIDENTIAL | FOR INTERNAL USE ONLY | DO NOT DISSEMINATE
SHRED WHEN THIS FORM IS NO LONGER NEEDED

ADDRESS:					
OWNER NAME:				PHONE:	
PROPERTY WILL BE VACANT FROM: TO:			BUSINESS NAME (If Applicable) <input type="checkbox"/> N/A		
KEY HOLDER / EMERGENCY CONTACT(S)					
NAME: <input type="checkbox"/> Same as Owner			ADDRESS:		PHONE:
NAME: <input type="checkbox"/> Same as Owner			ADDRESS:		PHONE:
LIGHTS / ALARM / OTHER INFORMATION					
LIGHTS ON <input type="checkbox"/> N/A	(Rooms / Locations):				
TIMERS <input type="checkbox"/> N/A	AUTOMATED / TIMERS (times on / off):				
ALARM <input type="checkbox"/> N/A	(Company):				CODE:
KEYS <input type="checkbox"/> N/A	(Key location / garage code / etc.):				
VEHICLES <input type="checkbox"/> N/A	MAKE	MODEL	COLOR	PLATE	LOCATION PARKED
VEHICLES <input type="checkbox"/> N/A	MAKE	MODEL	COLOR	PLATE	LOCATION PARKED
<input type="checkbox"/> N/A	ADDITIONAL INFORMATION:				

CHECK LOCATION DAILY
DATES CHECKED AND OFFICER'S INITIALS
DOCUMENT CHECK ON CITIZEN'S CONTACT FORM ON TRACS EVERY CHECK

DATE CHECKED	BY: (INITIALS)	DATE CHECKED	BY: (INITIALS)	DATE CHECKED	BY: (INITIALS)	DATE CHECKED	BY: (INITIALS)
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[illegible]

(Generate additional sheets as necessary)