

CORUNNA POLICE DEPARTMENT
Vacation Home Check

NAME _____

ADDRESS _____

CITY _____ PHONE NUMBER _____

DATE OF DEPARTURE _____

DATE RETURNING _____

WILL THERE BE ANY LIGHTS ON? Yes _____ No _____
WILL THEY BE ON A TIMER? Yes _____ No _____

WILL SOMEONE OTHER THAN THIS
DEPARTMENT BE CHECKING THE HOUSE? Yes _____ No _____

IN CASE OF AN EMERGENCY NOTIFY _____
Name
Address
Phone Number

WILL THERE BE ANY CARS LEFT IN DRIVEWAY? Yes _____ No _____

- 1. _____
Year Make Color License number
- 2. _____
Year Make Color License number
- 3. _____
Year Make Color License number

WILL THERE BE ANY DOGS LEFT AT HOME? Yes _____ No _____

SECURED _____ NOT SECURED _____

SIGNATURE

DATE