

Swinomish Police Department VACATION CHECK

NAME:		PHONE NUMBER:	
ADDRESS:			
DEPARTURE DATE:RETURN DATE:			
DESTINATION AND CONTACT INFO:			
() RESIDENCE	()	BUSINESS	() OTHER
ARE THERE TIMER LIGHTS? () YES () NO IF YES, LOCATION:			
HAVE KEYS BEEN LEFT WITH ANYONE? () YES () NO IF YES, WHO:			
WILL ANYONE ELSE HAVE ACCESS TO THE PREMISES DURING YOUR ABSENCE? () YES () NO			
IF YES, NAME AND CONTACT INFO:			
ARE THERE VEHICLES IN DRIVEWAY OR ON STREET? () YES () NO			
IF YES, DESCRIPTION OF VEHICLES:			
I REQUEST A SECURITY CHECK TO BE MADE OF MY PREMISE AND AGREE TO NOTIFY POLICE DEPARTMENT OF MY RETURN			
SIGNATURE:			DATE:
OFFICER:	DATE & TIME:		NOTES:
OFFICER:	DATE & TIME:		NOTES:
OFFICER:	DATE & TIME:		NOTES:
OFFICER:	DATE & TIME:		NOTES:
OFFICER.	DATE & TIME.		NOTES.
OFFICER:	DATE & TIME:		NOTES:
OFFICER:	DATE & TIME:		NOTES:
OFFICER:	DATE & TIME:		NOTES:
OITICER.	DATE & THVIE.		TOTES.