



SEDGWICK POLICE DEPARTMENT VACATION HOUSE SECURITY CHECK

Name _____
 Address _____
 Departure Date _____ Return Date _____

Lights: On Off Other Lights: _____

Vehicles: In Driveway On Street
 Make _____ Model _____ Color _____
 Make _____ Model _____ Color _____

Others Who Are Checking House

- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____

Contact Person(s) in Case of Emergency (MUST BE COMPLETED).

- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____

Officer Record of Checks

Date	Time	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
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