

Vacation Check Report

Gahanna Police Department

VC Number: _____

Dennis Murphy

Chief of Police

Date Taken: _____

Date Cancelled: _____

Taken by: _____

Cancelled by: _____

Name: _____

Phone: _____

Address: _____

City: _____ Zip: _____

Leaving Date: _____ Returning Date: _____

Key Holders:

Names

Phone Numbers

Names	Phone Numbers

Cars On Property:

Year	Make	Color	Location on Property	License Plate Number

Will there be pets on premise? Yes _____ No _____ Type: Dog _____ Cat _____ Other _____

Will pets be keep: Inside _____ Kennel _____ Garage _____ Fenced in Yard _____

Will pets be: Loose _____ Chained _____ Other _____

Person(s) Feeding Pets: _____ Phone Number _____

Do you plan on leaving lights on for security purposes? Yes _____ No _____

Outside: Yes _____ No _____ Location: _____

Inside: Yes _____ No _____ Location: Living Room _____ Kitchen _____ Bedroom _____ Family Room _____

Are lights on a timer? Yes _____ No _____ If yes list time lights will be burning: _____

Other: _____

Security System: Yes _____ No _____ Audible Yes _____ No _____ Dialer Yes _____ No _____

Name of Company Who monitors system: _____ Phone Number: _____

Others who may be on property: (repair work, construction, house cleaning, mowing, etc...)

Name	Phone

Description of House: _____

Additional Information that might be helpful to officers checking your home: _____

For Officer's Use: Was home owner advised to call and cancel the check when they return? Yes _____ No _____

Was home owner informed to call the office immediately to report any changes or additions to this report? Yes _____ No _____