

## LEMONT POLICE DEPARTMENT

14600 127<sup>TH</sup> Street, Lemont IL 60439 Office (630) 257-2229 Fax (630) 257-5087

## Vacation Watch Request Form

INCIDENT NUMBER:	
	ı

## **Requester's Information**

ADDRESS	LAST NAM		FIRST NA		MI		
HOME NUMBER	CELLULAR NUMBER		R	ESIDENCE	BUSINESS	DATE OF BIRT	H
TRAVEL INFORMATION							
DESTINATION			FLYING DRIVING AIRLINE				
DEPARTURE DATE DEPAR	TURE TIME		RETURN DATE			RETURN TIME	
	PREI	MISE INF	ORMATION				
INTERIOR TIMERS YES	□ NO	ALARM	ON PREMISES	NONE	YES (Make	sure your alarm informat	ion is updated)
GENERAL LOCATION & TIMES:		VEHICLE	S IN DRIVEWAY				
GENERAL LOCATION & TIMES:		-	YEAR, MAKE,	COLOR, LICEN	SE PLATE		
		-	YEAR, MAKE,	COLOR, LICEN	SE PLATE		
GENERAL LOCATION & TIMES:		-	YEAR, MAKE,	COLOR, LICEN	SE PLATE		
LIST ANYONE WHO WILL BE ACCESSING THE RESID	ENCE						
NAME, ADDRESS AND	HONE NUMBER (IF KNOW	N)					
NAME, ADDRESS AND	HONE NUMBER (IF KNOW	N)					
NAME, ADDRESS AND HONE NUMBER (IF KNOWN)							
NAME, ADDRESS AND	HONE NUMBER (IF KNOW	N)					
EXISTING BUILDING DAMAGE (TO DOORS AND WII	NDOWS)						
DESCRIBE:							
EMERGENCY CONTACT INFORMATION (OTHER THAN YOURSELF)							
LAST NAME	FIRST NAME		HOME NUM	1BER		CELLULAR NUMBER	
ADDRESS	CITY						
OFFICE USE ONLY							
LIST ANY PACKAGES TAKEN FOR SAFE KEEPING: NOTES:							
DATE PACKAGE TAKEN INCIDENT NUMBER INIT							
DATE PACKAGE TAKEN INCIDENT N	UMBER IN	IITIALS					
DATE PACKAGE TAKEN INCIDENT NUMBER INITIALS							

## **VACATION WATCH INFORMATION**

ADDRESS		LAST NAME	FIRST NAME	
DEPARTURE DATE	RETURN DATE			

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
						***************************************		
		The Mark Sollins						

OFFICER NAME / STAR		OFFICER SIGNATURE				
TERMINATION DATE	TERMINATION TIME	SWCD CLOSING DISPO #				