



LEMONT POLICE DEPARTMENT

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

Vacation Watch Request Form

INCIDENT NUMBER:

Requester's Information

ADDRESS		LAST NAME		FIRST NAME		MI
HOME NUMBER	CELLULAR NUMBER		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS	DATE OF BIRTH	

TRAVEL INFORMATION

DESTINATION		<input type="checkbox"/> FLYING	<input type="checkbox"/> DRIVING	AIRLINE		
DEPARTURE DATE	DEPARTURE TIME	RETURN DATE		RETURN TIME		

PREMISE INFORMATION

INTERIOR TIMERS <input type="checkbox"/> YES <input type="checkbox"/> NO	ALARM ON PREMISES <input type="checkbox"/> NONE <input type="checkbox"/> YES (Make sure your alarm information is updated)
GENERAL LOCATION & TIMES:	VEHICLES IN DRIVEWAY
GENERAL LOCATION & TIMES:	YEAR, MAKE, COLOR, LICENSE PLATE
GENERAL LOCATION & TIMES:	YEAR, MAKE, COLOR, LICENSE PLATE
GENERAL LOCATION & TIMES:	YEAR, MAKE, COLOR, LICENSE PLATE
LIST ANYONE WHO WILL BE ACCESSING THE RESIDENCE	
NAME, ADDRESS AND HOME NUMBER (IF KNOWN)	
NAME, ADDRESS AND HOME NUMBER (IF KNOWN)	
NAME, ADDRESS AND HOME NUMBER (IF KNOWN)	
EXISTING BUILDING DAMAGE (TO DOORS AND WINDOWS)	
DESCRIBE:	

EMERGENCY CONTACT INFORMATION (OTHER THAN YOURSELF)

LAST NAME	FIRST NAME	HOME NUMBER	CELLULAR NUMBER
ADDRESS		CITY	

OFFICE USE ONLY

LIST ANY PACKAGES TAKEN FOR SAFE KEEPING:	NOTES:
DATE PACKAGE TAKEN INCIDENT NUMBER INITIALS	
DATE PACKAGE TAKEN INCIDENT NUMBER INITIALS	
DATE PACKAGE TAKEN INCIDENT NUMBER INITIALS	

