



# PIONEER POLICE DEPARTMENT

CHIEF OF POLICE · TIMOTHY N. LIVENGOOD



## VACATION HOUSE CHECK

Address: \_\_\_\_\_

Name of current resident: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Emergency Contact Numbers: 

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Do you have anyone in the area that could respond to the home if there is a problem and if so please list their name address and phone number:

\_\_\_\_\_

Does the home have a security alarm: ; fire alarm

Will anyone be checking the residence while you are gone?  Yes  No

If yes please list the names of those checking the home.

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Are you leaving any lights on and if so please list what light you are leaving on?  Yes  No

\_\_\_\_\_

Date you are leaving: \_\_\_\_\_ Date you are returning: \_\_\_\_\_

Please sign here indicating that you would like for the Pioneer Police Department to perform periodic home checks while you are gone.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Receiving Officer Date \_\_\_\_\_

\_\_\_\_\_  
Chief of Police Date \_\_\_\_\_

