

**SHARON POLICE DEPARTMENT
VACATION HOME CHECKLIST**

ADDRESS: _____

RESIDENT/OWNER: _____

DATE OF DEPARTURE: _____

DATE OF RETURN: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____

ADDRESS: _____

PHONE #: _____

KEYS LEFT WITH: _____

OTHER INFORMATION: _____

LIGHT(S) LEFT ON? YES / NO

EXPLAIN: _____

VEHICLE(S) IN DRIVEWAY? YES / NO

EXPLAIN: _____



INFORMATION RECEIVED BY:

POLICE CLERK/OFFICER

DATE: _____ **TIME:** _____