SHARON POLICE DEPARTMENT VACATION HOME CHECKLIST

ADDRESS	7		72 - 25	
ADDRESS:			-	
RESIDENT/OWNER:			-	
			ē	T)
DATE OF DEPARTURE:	-			
DATE OF RETURN:				
piris or install				
5	27		F: 2	
IN CASE OF EMERGENCY, NOTIFY:				
NAME:		3	**	
ADDRESS:				
PHONE #:			9278K (g)	
KEYS LEFT WITH:				
OTHER INFORMATION:			*	
*	<u> </u>		27	
LIGHT(S) LEFT ON? YES/NO		E	18	
EXPLAIN:	· · · · · · · · · · · · · · · · · · ·	2		
VEHICLE(S) IN DRIVEWAY? YES / NO				
EXPLAIN:	10			
EAL LAIN:		*		
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		W W		
INFORMATION RECEIVED BY:	3		,	pz
8	;8€0 { ⊛ 0			,
POLICE CLERK/OFFICER			ij	
No.	o.	98		
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DATE:			. .	