

CITY OF LAKESHIRE
DEPARTMENT OF POLICE
VACATION
CHECK
FORM

Dept. File No.

Date & Time Received | Day of Week

Received By:

DSI

Vacationist's Name

Address

Phone

Date Leaving

Time

AM
PM

Date of Return

Time

AM
PM

Lights Burning

If Burning - State Location

YES NO

Shades Drawn

If "SOME" - State Shades That Are Drawn

YES NO SOME

Deliveries Cancelled

If "NO" - State Deliveries to be Made

YES NO

Auto in Garage/Driveway

If "YES" - State Make Model Color License No.

YES NO

Yr. State No.

Vacationist Can Be Reached At: (Emergency Only)

YES
STATE

NO

Phone

ADDRESS

In Case of Emergency Contact:

NAME

ADDRESS

PHONE

Will Have Key

YES NO

Officer's Remarks:

Everything In Order

Time & Date of Return _____

Offense Committed - Refer to Complaint No. _____

Other: _____

Signature - Officer Making Return

Approved: Chief of Police