VACATION WATCH FORM- CHECKS WILL BE PERFORMED AS OFTEN AS TIME PERMITS DURING THE SHIFT.

| Name   |   |                       |          |                               |           |                   | D             | emise Phone  |           |                   |        |                 |           |  |  |
|--|---|-----------------------|----------|-------------------------------|-----------|-------------------|---------------|--------------|-----------|-------------------|--------|-----------------|-----------|--|--|
| Address  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
|  |   |                       |          | Cross Street                  |           |                   |               |              |           |                   |        |                 |           |  |  |
| Departure Da   |   |                       |          |                               |           | R                 | eturning Date |              |           |                   |        |                 |           |  |  |
| LOCAL EMEDICANCY CONTACT   |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
|  | Name Phone  |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
|  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Address  |   |                       |          |                               |           |                   |               | Do they      | nave      | keys? Yes 🗌       | I\     | lo 📙            |           |  |  |
| VEHICLES C   | N PROPE   | RTY (no               | ot inclu | dina in:                      | side the  | gara              | ne)           |              |           |                   |        |                 |           |  |  |
|  |   |                       | Make     | · J                           |           | Model             |               |              | Color     |                   |        | License         |           |  |  |
| 1001   |   |                       |          |                               |           | Model             |               |              | 00.01     |                   |        |                 |           |  |  |
|  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
|  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| ALARMS   |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Does the house have an alarm? Yes No Will monitoring be on? Yes No |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Alarm Company  |   |                       |          |                               | WIII MOI  |                   |               |              |           | ne Number         |        | j NO            |           |  |  |
| Alaim Company Phone Number   |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| PERSONS AUTHORIZED ON PROPERTY (lawn/pet care, etc)                |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Name   | Lawring of the Court (aming of our of otto)                 |                       |          |                               |           |                   |               |              | Pho       | ne Number         |        |                 |           |  |  |
| Name   |   |                       |          |                               |           |                   |               |              |           | ne Number         |        |                 |           |  |  |
| •  |   |                       |          |                               |           |                   |               |              |           |                   | ı      |                 |           |  |  |
| HOUSE SITT   | ER INFO   | RMATIO                | N        |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Name   |   |                       |          |                               |           |                   |               | Pho          | ne Number |                   |        |                 |           |  |  |
| Hours and d  | ates pres   | ent                   |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Please indicate YES or NO  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Did you leave any lights on?                                       |   |                       |          | NO Did you leave any music on |           |                   |               |              |           | YES NO            |        | Rear yar<br>YES | d locked? |  |  |
| Mail stopped?  | YES   | NO Newspaper stopped? |          |                               |           |                   |               | YES NO       |           |                   |        |                 |           |  |  |
| Broken windows? YES NO   |   |                       |          |                               | NO        | If so, where?     |               |              |           |                   |        |                 |           |  |  |
| Pets? YES NO   |   |                       |          |                               | NO        | If so, what kind? |               |              |           |                   |        |                 |           |  |  |
|  |   |                       |          | Ш                             |           | 1                 |               |              |           |                   |        |                 |           |  |  |
|  | I would like to receive an email confirmation of my request |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| I would like to  | receive ai  | n emaii c             | ontirmat | ion of m                      | ny reques | st                |               |              |           |                   |        |                 |           |  |  |
| Yes Provide email address):  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
|  | ובים (דובמסב אוטיועב בווומוו מעעוביסט)                      |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| No $\square$   |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| For office use only  |   |                       |          |                               |           |                   |               |              |           |                   |        |                 |           |  |  |
| Routing  |   |                       | Team:    | 1 2                           | 3 4       | 5                 | 6 7 C         | ommunication | s Cente   | er, Watch Command | der, C | SB              |           |  |  |
| Date distributed:  |   |                       |          | Distril                       | outed by: |                   |               |              |           |                   |        | BEAT            |           |  |  |
|  |   | l                     |          | l                             | ,         |                   | I             |              |           |                   | ]      |                 | I         |  |  |