



Flatonia Police Department
Vacation Watch Form

Name: _____
Address: _____
City: _____
Phone: _____
E-mail: _____

Dates you expect to be away: Start _____ End _____

Will someone else be checking the residence? ___ Yes ___ No
If yes, please specify their name, address, and phone number in the space below.

Will any lights be left on in the residence? ___ Yes ___ No
If so, where in the house? _____

Will any vehicles be left? ___ Yes ___ No
If yes, please describe: _____

Who can be reached someone by phone in case of emergency? Please specify name and
phone number of emergency contact: _____

Comments or Additional Requests: _____
