



CITY OF LAKESHIRE
POLICE DEPARTMENT
10000 PUTTINGTON. LAKESHIRE, MO 63123

File#:
Date / Time Received:
Received By:

VACATION CHECK FORM

Home Owner Name: _____ Home Phone# _____

Address: _____ Cell Phone# _____

Date Leaving: _____ Time: _____ Date Return: _____ Time: _____

Lights on? Lights on a timer?
 Yes No

If lights are on state location: _____
If timer state times on/off: _____

Shades Drawn?
 Yes No

If "some" state shades that are drawn: _____

Deliveries Cancelled?
 Yes No

If "no" state deliveries to be made: _____

Auto in Garage/Driveway?
 Yes No

If "yes" state location, make, model, color, License# : _____

In Case of Emergency Contact:

Name: _____ Address: _____ Phone#: _____

Will contact have key? yes no

Officer's Remarks:

Residence In Order

Offense Committed - Complaint No #: _____

Other: _____

Officer / DSN Making Return: _____ Approval of Chief of Police: _____