DATE AND TIME RECEIVED:  VACATIONER NAME  RECEIVED BY WHOM:  TELEPHONE:  DATE LEAVING:  DATE LEAVING:  TIME:  DATE OF RETURN:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  TELEPHONE:  ADDRESS:  TELEPHONE:  TELEPHONE:  ADDRESS:  TELEPHONE:  TELEPHONE:  ADDRESS:  TELEP	EUREKA POLICE VAC	DEPARTMENT FILE NUMBER					
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( ) YES ( ) NO  VACATIONER CAN BE REACHED: (EMERGENCY ONLY)  ADDRESS:  STATE:  TELEPHONE:  IN CASE OF EMERGENCY CONTACT:  NAME:  HAVE KEY? ( ) YES ( ) NO  ADDRESS:  RESIDENCE CHECKED DATE  TIME  OFFICER  OFFICER  CONDITION  MAKE RESIDENCE CHECK NOTATIONS ON BACK OF FORM  REMARKS:  DATE AND TIME OF RETURN:  OFFICER WHO CHECKED RESIDENCE  DATE AND TIME  OFFICER WHO CHECKED RESIDENCE  REPORT NUMBER	( )YES ( )NO						
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RESIDENCE CHECKED DATE	TIME	OFFICER	CONDITION
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