

EUREKA POLICE VACATION WATCH FORM			DEPARTMENT FILE NUMBER	
DATE AND TIME RECEIVED:				
VACATIONER NAME		RECEIVED BY WHOM:		
ADDRESS			TELEPHONE:	
DATE LEAVING:		TIME:	DATE OF RETURN:	
			TIME:	
LIGHTS BURNING:		IF BURNING, NAME LOCATION OF BURNING LIGHTS		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
SHADES DRAWN?		IF YES, STATE WHICH SHADES ARE DRAWN		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
DELIVERIES CANCELED?		IF NO, STATE WHAT DELIVERIES ARE TO BE MADE		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
ANY VEHICLES ON PROPERTY?		IF YES, STATE VEHICLE DESCRIPTION AND LOCATION		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
VACATIONER CAN BE REACHED: (EMERGENCY ONLY)				
ADDRESS:		STATE:	TELEPHONE:	
IN CASE OF EMERGENCY CONTACT:		NAME:		TELEPHONE:
HAVE KEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS:		
RESIDENCE CHECKED		TIME	OFFICER	CONDITION
DATE				
MAKE RESIDENCE CHECK NOTATIONS ON BACK OF FORM				
REMARKS:				
DATE AND TIME OF RETURN:		OFFICER WHO CHECKED RESIDENCE		DATE AND TIME
OFFENSE COMMITTED:			REPORT NUMBER	
			OFFICER:	
SIGNATURE OF OFFICER		APPROVED IMMEDIATE SUPERVISOR		FINAL APPROVAL

