



Marshall Police Department Vacation Check



Homeowner realizes that the police department and the city do not assume any liability for loss or damage to property during specified dates.

Leave: Date _____ Time _____

Return: Date _____ Time _____

Destination: _____ Phone _____

Name: _____
Last First

Address _____

Email: _____

Home Phone _____ Cell Phone _____

Are you taking your cell phone ___ Yes ___ No

Any Lights on Timers?

- ___ First Floor Lights ___ Bedroom Lights
- ___ Second Floor Lights ___ Front Lights
- ___ Kitchen Lights ___ Back Lights
- ___ Living Room Lights ___ Other (please specify)

Paper/Mail Stopped? ___ Yes ___ No

Any vehicles in the driveway? ___ Yes ___ No

- | | | | |
|-------------|-------------|-------------|-------------|
| Make _____ | Make _____ | Make _____ | Make _____ |
| Model _____ | Model _____ | Model _____ | Model _____ |
| Color _____ | Color _____ | Color _____ | Color _____ |

Will someone have a key to your residence? ___ Yes ___ No

Key holder's name _____
Last First

Key holder's number _____
Day time Night time

Relations to the Resident _____

Alarm Co. _____ (N/A if not applicable)

Persons to contact in case of Emergency

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets (type) _____

Pets Locations: In House Fenced Yard Garage

Authorized Visitors: _____
Last First

Last First

I give permission to the Marshall Police Department to enter my residence if there is any suspicious or unauthorized activity. ___ Yes ___ No

THE POLICE DEPARTMENT MUST BE NOTIFIED AS SOON AS YOU RETURN HOME OR IF SOMEONE WILL BE STAYING AT THE RESIDENCE.