



LOCKLAND POLICE DEPARTMENT

Vacation / Out of Town Residence Check

Name: _____ Phone: _____

Address: _____

Date Leaving: _____ Date Returning: _____

Family Members Who Will Be at Residence:

Day: _____ Night: _____

Rented Apartment: _____ Single or Duplex Residence (circle one)

Key Left with: _____ Address: _____ Phone: _____

In Case of Emergency Where Can You Be Reached: _____

If You Cannot Be Reached, Who Can Be Contacted in Case of Emergency: _____

Special Remarks/Special Instructions for Police Department: _____

Report Taken by: _____ Date: _____ Time: _____