ALGONA POLICE DEPARTMENT

VACATION WATCH INFORMATION

Name _____

Address _____

Home Phone #: _____

Vacation or Other Phone #: _____

Date Leaving: _____ Date Returning: _____

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Are you leaving the keys to your home with anyone? Yes _____ No _____

Name & Phone # _____

Vehicles At Residence (Make/Model/Color): _____

Drapes/Blinds will be Opened: ___ Closed: __ // Lights will be On: ___ Off: ___ // Timed? Yes: ___ No: ___

Alarm System: Yes ___ No ___ If yes, name and phone number: _____

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Additional information _____

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ALGONA P.D. DOES NOT ACCEPT RESPONSIBILITY FOR THE WELFARE OF THE RESIDENCE, BUT WILL MAKE EVERY ATTEMPT TO CHECK THE RESIDENCE, BASED ON MANPOWER AVAILABILITY.

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DATES CHECKED:

Date	Time	Officer/Comments