Siler City Police Department
Vacation House Watch Program
OCA #_____

Name _____ Phone _____
Address _____

Date Leaving ___/___/___ [ ] am [ ] pm
Date Returning ___/___/___ [ ] am [ ] pm

Vehicles left on premises

Make _____ Model _____ Color _____
Make _____ Model _____ Color _____

Lighting

Room _____ Timer Yes [ ] No [ ] Times _____
Room _____ Timer Yes [ ] No [ ] Times _____
Room _____ Timer Yes [ ] No [ ] Times _____

Any difficulty in checking rear of residence? Yes [ ] No [ ] If yes explain. (Dogs, fence, etc.)_____

Alarm System Yes [ ] No [ ] Audible [ ] Silent [ ]
Company_____ Phone _____

Relative/Neighbor checking residence? Yes [ ] No[ ] Name _____
Address _____
Phone _____

Notify in case of emergency/key holder Name _____
Address _____
Phone _____

Date Returned _____ Time Returned _____ am [ ] pm [ ]

Verified by Officer _____ Officer's Signature _____

Officer	Date	Day Shift	Night Shift