



WALLED LAKE POLICE DEPARTMENT VACATION NOTIFICATION FORM



NAME: _____

ADDRESS: _____

HOME PHONE #: _____ DATE LEAVING: _____ DATE RETURNING: _____

LIGHTS LEFT ON IN HOME? YES NO ARE THE LIGHTS ON TIMERS? YES NO

DESTINATION: _____

PHONE #: _____ CELL PHONE #: _____

AUTOMOBILES LEFT AT HOME IN DRIVEWAY? YES NO

YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE: _____ LICENSE STATE: _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE: _____ LICENSE STATE: _____

(List Additional Vehicles in Comments if applicable)

HAVE ALL DELIVERIES BEEN STOPPED? US MAIL _____ YES _____ NO _____
NEWSPAPERS _____ YES _____ NO _____
OTHER _____ YES _____ NO _____

IS YOUR HOME ALARMED? YES NO

ALARM COMPANY: _____ PHONE #: _____

PERSON CHECKING ON THE HOME

NAME: _____ PHONE #: _____

ADDRESS: _____

DO THEY HAVE KEYS? YES NO DO THEY HAVE ALARM CODE? YES NO

COMMENTS: _____

Please mail, fax or drop off to: Walled Lake Police Department
1499 E. West Maple Road
Walled Lake, MI 48390

Phone: (248) 624-3111

Fax: (248) 960-8898

Alternate Fax: (248) 669-6435