

**RITTMAN POLICE DEPARTMENT
VACATION / HOUSE WATCH
INFORMATION SHEET**

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ PHONE #: _____

START DATE: (LEAVING) _____ ENDING DATE: (RETURNING) _____

IN CASE OF EMERGENCY CONTACT THE FOLLOWING:

1.) NAME: _____ ADDRESS: _____ CITY: _____
PHONE #: _____ CELL PHONE #: _____

2.) NAME: _____ ADDRESS: _____ CITY: _____
PHONE #: _____ CELL PHONE #: _____

3.) NAME: _____ ADDRESS: _____ CITY: _____
PHONE #: _____ CELL PHONE #: _____

VEHICLES LEFT AT RESIDENCE:

1.) YEAR: _____ MAKE: _____ MODEL: _____ LIC #: _____

2.) YEAR: _____ MAKE: _____ MODEL: _____ LIC #: _____

3.) YEAR: _____ MAKE: _____ MODEL: _____ LIC #: _____

TIMERS FOR LIGHTS LEFT ON:

ON: _____ AM/PM (CIRCLE ONE) OFF: _____ AM/PM (CIRCLE ONE) ROOM: _____

ON: _____ AM/PM (CIRCLE ONE) OFF: _____ AM/PM (CIRCLE ONE) ROOM: _____

COMMENTS: _____

PLEASE TURN FORM INTO
THE RITTMAN POLICE DEPARTMENT BEFORE YOUR DEPARTURE
33 EAST OHIO AVENUE RITTMAN, OHIO 44270 (330) 925-8040