



NORTH GREENBUSH POLICE DEPARTMENT
VACATION WATCH REQUEST

NAME _____ PHONE # _____
ADDRESS _____

LEAVING ___ / ___ / ___ AM PM RETURNING ___ / ___ / ___ AM PM

CONTACT PERSON IN CASE OF EMERGENCY:

NAME _____
ADDRESS _____
PHONE # _____

ALARM CO PROTECTED? YES NO
NAME _____

PERSON WITH KEY TO RESIDENCE:

NAME _____
ADDRESS _____
PHONE # _____

WILL LIGHTS BE LEFT ON? YES NO

IN WHICH ROOMS _____

ARE LIGHTS ON TIMERS? YES NO

IF YES, WHAT ARE THE APPROXIMATE TIMES LIGHTS WILL BE ON? _____

LIST ANY VEHICLES THAT WILL BE IN THE DRIVEWAY?

(PROVIDE MAKE, MODEL, YEAR AND LICENSE PLATE NUMBER FOR EACH)

#1 _____ #2 _____ #3 _____

OTHER INFORMATION (PETS, CONTRACTORS, ETC.)

Police Department Use Only:	Zone _____
Date & Time Submitted ___ / ___ / _____ : _____	Shield # _____
Date & Time Returned ___ / ___ / _____ : _____	Shield # _____