



City of Marysville

Division of Police

SECURITY--VACATION CHECK FORM

START DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

TYPE: Residential { } Business { }

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

VEHICLE INFORMATION (Only vehicles that are expected to be at the location)

MAKE: \_\_\_\_\_ MOD: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC: \_\_\_\_\_
MAKE: \_\_\_\_\_ MOD: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC: \_\_\_\_\_
MAKE: \_\_\_\_\_ MOD: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC: \_\_\_\_\_
MAKE: \_\_\_\_\_ MOD: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC: \_\_\_\_\_

CONTACT INFORMATION (List in order you would like them contacted)

NAME: \_\_\_\_\_ PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_
PGR/CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_
PGR/CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_
PGR/CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
ADDRESS: \_\_\_\_\_

YOUR ALTERNATE LOCATION-RESIDENCE

ADDRESS: \_\_\_\_\_
PHONE: \_\_\_\_\_

SECURITY INFORMATION

ALARM COMPANY: \_\_\_\_\_
PHONE: \_\_\_\_\_
LIGHTS ACTIVATED: { } 1st floor { } 2nd floor { } Basement { } Kitchen
{ } Front Outside { } Rear Outside

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_