



POLICE DEPARTMENT

Vacation Watch

Emergency Notification Form

Name(s): _____

Address: _____ Home Phone: _____

Emergency Contact Persons(s)

1. _____ Home Phone: _____

Address: _____ Work Phone: _____

2. _____ Home Phone: _____

Address: _____ Work Phone: _____

Alarm Company: _____ Phone: _____

Pets? YES / NO If yes, What kind? _____
(circle one)

Left on Premises? YES / NO What Area? _____
(circle one)

Cared for by: _____ Phone: _____

Authorized Person(s) on Property? YES / NO
(circle one)

If yes, who? _____ Phone: _____

Date / Time of Departure: _____

Date / Time of Return: _____

Contact number where you will be: _____
(including area code)