



## GARDEN CITY POLICE DEPARTMENT VACATION WATCH REQUEST

Name:	Address:
Phone:	Type of Premises: <input type="checkbox"/> Home <input type="checkbox"/> Business
Email:	
Departure Date:	Return Date:
Emergency Contact Name:	Emergency Contact Phone:
Have the keys been left with anyone? <span style="float: right;">Yes    No</span>	
If Yes, Name:	Phone:
Will anyone be working or have access to premises during your absence? <span style="float: right;">Yes    No</span>	
If Yes, Name:	Phone:
Will there be any vehicles parked in the driveway or in front of your home? <span style="float: right;">Yes    No</span>	
If Yes, Make:	Model:
Year:	Color:
Will the lights be on a timer? <span style="float: right;">Yes    No</span>	
If Yes, Rooms Lit:	Time:
Is there a security system or alarm on the premises? <span style="float: right;">Yes    No</span>	
If Yes, Name of Person with Code:	Phone:
Will there be any pets inside the home/business? <span style="float: right;">Yes    No</span>	
Additional Information:	
I request a security check be made on my home/business and agree to notify the Garden City Police Department of my return.	
Signed:	Date: