

Vacation Check Report

VC # _____

Resident:

Name: _____

Phone #: (_____) _____ - _____

Address: _____

City: Gahanna Zip: 43230

Leave Date: _____

Return Date: _____



CITY OF GAHANNA
DIVISION OF POLICE
JEFFREY SPENCE, CHIEF OF POLICE
460 ROCKY FORK BOULEVARD
GAHANNA, OHIO 43230
(614) 342-4240
(614) 342-4300 FAX

Office:

Date Taken: _____ Time: _____

Taken By: _____

Date Cancelled: _____

Cancelled By: _____

Description of House: _____

Other Information that may be Helpful to Officer: _____

Key Holders:

Name	Phone #

Others who may be on Property (repair work, construction, house cleaning, mowing, etc.):

Name	Phone #

Cars on Property:

Year	Make	Color	License Plate #	Location on Property

Security:

Security System? _____ Audible? _____ Dialer? _____

Security Company: _____ Phone #: (_____) _____ - _____

Lights:

Lights on for Security Purposes? _____

If yes:

On Timer? _____ On Time: _____ to _____ Off Time: _____ to _____

Outside? _____ Inside? _____ Rooms? _____

Explain if Necessary: _____

Pets:

Pets on premise? _____ Type of Pet: _____ Will pet be of concern to officer? _____

Please Explain if Yes: _____

Person Feeding Pet(s): _____ Phone #: (_____) _____ - _____

