

Vacation Check Report

VC # _____



Resident:

Name: _____

Phone #: (_____) _____ - _____

Address: _____

City: Gahanna Zip: 43230

Leave Date: _____

Return Date: _____

Office:

Date Taken: _____ Time: _____

Taken By: _____

Date Cancelled: _____

Cancelled By: _____

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

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 #: (_____) _____ - _____

