

INCIDENT # _____

**City of Milan Police Department
House / Vacation Watch**

NAME: _____ ADDRESS: _____

Home Phone# _____ Departure Date: _____ Return Date: _____

Direct Phone Number(s) where owner can be reached in an emergency: _____

Lights on? YES NO If YES, Timers? YES NO Location of Lights? _____

Keys to home left with anyone? YES NO

NAME: _____ Home Phone # _____

ADDRESS: _____ Work Phone # _____

Will anyone have access to the home and/or premises? YES NO (To include lawn maint.etc.)

NAME: _____ Phone # _____

NAME: _____ Phone # _____

ALARM SYSTEM? YES NO AUIBLE YES NO If yes, how long? _____

Alarm Company Name? _____ Phone # _____

Any Vehicles left on the premises? YES NO

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>PLATE</u>	<u>LOCATION</u>
_____	_____	_____	_____	_____	Drive Garage
_____	_____	_____	_____	_____	Drive Garage
_____	_____	_____	_____	_____	Drive Garage
_____	_____	_____	_____	_____	Drive Garage

Additional Information: _____

Date/Time Received: _____ By: _____

Date/Time Cancelled: _____ By: _____

PLEASE REMEMBER TO CALL AND ADVISE US UPON YOUR RETURN AT (734) 439-1551