St. Joseph Public Safety Department
Vacation Home Check

Date of Departure _____ Return Date _____

Name _____

Address _____

Reported by _____ Reported to _____

Emergency contact _____

Telephone _____ Has keys? ◯ Yes / ◯ No

Lights on timer? ◯ Yes / ◯ No Alarm system? ◯ Yes / ◯ No

Name of person checking home _____

Vehicles in drive & description _____

_____

Miscellaneous information _____

_____

◯ Drive By ◯ Walk Around

The St. Joseph Public Safety Department cannot make any promises regarding the protection of your home. This information is being taken merely for information on how to contact you in case of an emergency.

Dates Checked								