

VACATION INFORMATION SHEET

Today's Date: _____

Name: _____

Address: _____

Home Phone: _____

Alarm: Yes/No Type/Company: _____

Keyholder Name: _____

Keyholder Address: _____

Keyholder Phone: _____

Names of People who will have access to the premises while vacant (Relatives,
Neighbors, Workers, etc.) _____

In case of emergency who do you want us to contact?:

Name and Phone: _____

Any other people who have keys to the building: _____

On what dates are you leaving and returning?:

Leave: _____ Return: _____

Any other comments:

Please be aware that we are not able to check every house every day. We will make an effort to keep an eye on any house that is vacant, however, it is our recommendation that you have a trusted neighbor keep an eye on your house and have them report any suspicious activity to 911 immediately.

Please contact Essexville Public Safety Department when you return. 989-892-2541