

IOWA COLONY POLICE DEPARTMENT

VACATION WATCH

PLEASE PRINT OR TYPE ALL INFORMATION

SUBDIVISION: _____ ADDRESS: _____
NAME: _____ TELEPHONE: _____
DATE LEAVING: _____ AM / PM END DATE: _____ AM / PM

VEHICLES:

COLOR	YEAR	MAKE / MODEL	LICENSE NO.	LOCATION: CIRCLE ONE BELOW
				DRIVEWAY OR GARAGE
				DRIVEWAY OR GARAGE
				DRIVEWAY OR GARAGE

LIGHTS LEFT ON: YES NO **LIGHTS ON TIMERS:** YES NO
IF LIGHTS ARE LEFT ON TIMERS GIVE ROOM LOCATIONS: _____

ALARM: YES NO **PETS:** YES NO **IF YES, LOCATION:** _____

VISITORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBERS</u>	
		HOME	WORK

IN CASE OF AN EMERGENCY PLEASE CONTACT:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBERS</u>	
		HOME	WORK

COMMENTS: _____

Once form is completed you may:

- Email it to officer@cityofiowacolony.com
- Bring it by the Police Department during business hours