**CITY OF LEXINGTON**
**Police Department**
**P.O. Box 938, 11 Fuller Street**
**Lexington, Virginia 24450**
**[540] 462-3705; fax [540] 463-9257**

# VACATION CHECK LIST

please print or type

**Date Leaving:____/____/____ Date Returning:____/____/____**

**Name:_____ Address:_____**

**Phone #s: (h)_____(w)_____(c)_____ Key provided? ☐ Yes ☐ No**

**Emergency Contact:_____**

Address:_____ Phone #s:(h)_____(w)_____(c)_____

**1. Do you have an alarm system?** ☐ **Yes** ☐ **No**

Type of Alarm: ☐ Hold-up ☐ Burglary/Intrusion
☐ Fire ☐ Medical
☐ Other (describe)_____

Alarm Monitoring Company:_____ Phone:_____

**2. Are lights being left on?** ☐ **Yes** ☐ **No** **If yes,** ☐ Automatic ☐ Constant

Location of lights:_____

**3. Are vehicles left in the driveway/on property?** ☐ **Yes** ☐ **No**

Description: _____

_____

**4. Are pets located on the property?** ☐ **Yes** ☐ **No**

If yes, cared for by:_____

Address:_____ Phone #s:(h)_____(w)_____(c)_____

**5. Are others checking on the property?** ☐ **Yes** ☐ **No** **If yes, do they have a key?** ☐ **Yes** ☐ **No**

Name:_____

Address:_____ Phone #s:(h)_____(w)_____(c)_____

| Date | Time | Premises Secure 3 (if not, state type report filed or action taken) | Officer's Signature |
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