



## Gibraltar Police Department

### RESIDENCE VACATION CHECK INFORMATION

DATE LEAVING: \_\_\_\_\_ DATE RETURNING: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

#### IN CASE OF AN EMERGENCY CALL:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Are there any firearms in the residence? Yes No      Where are the firearms stored?

Will there be lights on inside the residence? Yes No      What areas?

Will the lights be on a timer? Yes No      Times the lights will be on:

People and vehicles checking residence:

Any other information (alarms, motion lights, etc):

**\*\*It is the owner's responsibility to maintain an appearance of occupancy of the residence, i.e. removal/ stoppage of mail and newspapers, snow removal, lawn care, etc.\*\***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_