# OPERATION VACATION

## PIONEER VILLAGE POLICE DEPARTMENT

"FOR POLICE USE ONLY"

NAME: _____

ADDRESS: _____

CITY: _____ STATE: KY ZIP: _____

YOUR CONTACT NUMBER IF EMERGENCY:

1) _____ 2) _____

WHEN LEAVING: _____ WHEN RETURNING: _____

VEHICLES LEFT AT HOME:

1) MAKE: _____ MODEL: _____

2)MAKE: _____ MODEL: _____

3)MAKE: _____ MODEL: _____

NAME OF PERSON(S) CHECKING ON HOUSE WHILE AWAY:

1) _____ 2) _____

TYPE OF CAR THEY WILL BE DRIVING:

MAKE: _____ MODEL: _____

MAKE: _____ MODEL: _____

NAME OF PERSON(S) STAYING IN HOUSE WHILE AWAY:

1) _____ 2) _____

TYPE OF CAR THEY WILL BE DRIVING:

MAKE: _____ MODEL: _____

WILL ANYONE HAVE KEY TO HOUSE WHILE AWAY: NAME & PHONE #:

1) _____ 2) _____

DOES YOUR HOUSE HAVE AN ALARM - WHAT TYPE

YES -- NO TYPE: _____

WILL THERE BE LIGHTS LEFT ON INSIDE - WHERE:

YES -- NO WHERE:

**POLICE OFFICERS LOG**

| DATE | OFFICER BADGE # | TIME IN | COMMENTS |
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