

FLUSHING POLICE DEPARTMENT

Retired Senior Volunteer Program
VACATION HOUSE CHECK

Date of Departure: ___/___/___

Date of Return: ___/___/___

Name: _____ Phone: _____

Address: _____

Alarm? Yes No Company: _____ Phone: _____

Night Lights? Yes No Times Set (approx.): _____

Vehicles in Driveway? Yes No Description: _____

Animals Left at Home? Yes No Caretaker: _____ Phone: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Keys? Yes

Name: _____ Phone: _____ Keys? Yes No

COMMENTS: _____
