



Police Department
315 N. Grant Ave.
York, NE 68467

NEBRASKA

VACATION HOME CHECK REPORT

NAME: _____

ADDRESS: _____

HOME PHONE: () - CELL PHONE: () -

DEPARTURE DATE: _____

RETURN DATE: _____

CONTACT PERSON WITH A KEY IN CASE OF EMERGENCY

NAME (1): _____

PHONE: () -

NAME (2): _____

PHONE: () -

TIMED LIGHTS: YES NO

LOCATION: _____

TIMES ON & OFF: _____

VEHICLES (IN DRIVE): YES NO

DESCRIPTION: _____

ANY OTHER REMARKS: _____

REPORTED BY: _____

DATE: / /