



VACATION CHECK

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

DATE LEAVING: _____ DATE RETURNING: _____

I can be reached at the following address and phone number:

I will make sure that all the door and windows are locked.

Yes _____ No _____

The following party will be looking after my property in my absence:

NAME: _____

ADDRESS: _____

PHONE: _____

This party has a key to my house. Yes _____ No _____

Additional persons with keys (Name/Address/Phone Number)

There will be a dog at my house: Yes _____ No _____

There will be a car(s) in my driveway: Yes _____ No _____

Number of cars that will be there? _____

Please give a description – INCLUDING LICENSE PLATE NUMBERS – of all vehicles that will be left at the residence.

Return this form to the Receptionist or mail to:

Bend Police Department

PO Box 108

Bend, Oregon 97709

Please call this department upon your return at 322-2960

Signature