ROSEBURG POLICE DEPARTMENT

VACATION HOUSE CHECK REPORT

Address:	Date:
Name:	Phone:
Leaving:	Received by:
Returning:	

EMERGENCY INFORMATION

Name:	Phone:
Address:	Has key?: Yes No

Drapes: Open Closed	Pets in Yard?: Yes No
Lights: (Timer) On_____ Off_____ Rooms:	**VEHICLES** (parked on premises)
ALARM INFORMATION	
Type of Alarm:	
Company:	
Company Address:	

OTHER INFORMATION:

DATE	TIME	COMMENTS	OFFICER

ADDRESS:

DATE	TIME	COMMENTS	OFFICER