

MARQUETTE HEIGHTS POLICE DEPARTMENT
VACATION PATROL REQUEST

Address: _____

Name: _____

Date Leaving _____ Time _____ AM PM

Date Returning: _____ Time _____ AM PM

Neighbor, Friend, Relative Notified? YES NO

Name: _____

Address: _____

Light(s) Left On? YES NO Location(s): _____

_____ Timer? YES NO

Time(s) Lights On: _____ Shades Open? Yes No

Location(s): _____

Will Anyone Be Around the House? YES NO Who? _____

_____ When? _____

Misc. Information: _____

Comments: _____

Notified H.Q. of Return: YES NO Date: _____ Time: _____