

**Village of Smithville Police Department**  
RESIDENTIAL VACATION CHECK REQUEST

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EXACT LOCATION \_\_\_\_\_

DATE LEAVING \_\_\_\_\_ DATE RETURNING \_\_\_\_\_

LIGHTS ON? YES \_\_\_ NO \_\_\_ IF YES, WHERE? \_\_\_\_\_

MAIL AND NEWSPAPER SERVICE STOPPED? YES \_\_\_ NO \_\_\_ IF YES, WHICH? \_\_\_\_\_

CONTACT PERSON IF NEEDED (KEY HOLDER)

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_