



207 W MAIN STREET  
PO BOX 517  
SMITHVILLE, OH 44677  
(330) 669-2311

## Village of Smithville Police Department RESIDENTIAL VACATION CHECK REQUEST

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

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

MAIL & NEWSPAPER SERVICE STOPPED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHICH? \_\_\_\_\_

CONTACT PERSON IF NEEDED (KEY HOLDER)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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