

JEROME POLICE DEPARTMENT RESIDENTIAL VACATION CHECK AND EXTRA PATROL REQUEST FORM			
TODAY'S DATE:	TAKEN BY OFFICER:	<input type="checkbox"/> VACATION/HOUSE CHECK	<input type="checkbox"/> EXTRA PATROL
YOUR NAME:		YOUR TELEPHONE #:	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
YOUR ADDRESS:			
<input style="width: 100%; height: 20px;" type="text"/>			
NOTIFY THE JEROME POLICE DEPARTMENT IMMEDIATELY WHEN YOU RETURN OR OF ANY CHANGES IN YOUR INTENERARY BY CALLING RADIO COMMUNICATIONS AT 217-753-6666			
DATE & TIME YOU ARE LEAVING:		DATE YOU ARE RETURNING:	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
LOCAL EMEGENCY CONTACT PERSON YOU MUST HAVE A LOCAL EMERGENCY CONTACT PERSON			
NAME OF CONTACT PERSON:			
<input style="width: 100%;" type="text"/>			
ADRESS OF CONACT PERSON:			
<input style="width: 100%;" type="text"/>			
TELEPHONE NUMBER OF CONTACT PERSON:		DOES THE CONTACT PERSON HAVE A KEY	
<input style="width: 100%;" type="text"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE ANY VEHICLE LEFT ON THE PROPERTY			
YEAR OF VEHICLE # 1	MAKE OF VEHICLE # 1	MODEL OF VEHICLE # 1	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
COLOR OF VEHICLE # 1	LICENSE NUMBER OF VEHICLE # 1	LICENSE PLATE STATE # 2	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
YEAR OF VEHICLE # 2	MAKE OF VEHICLE # 2	MODEL OF VEHICLE # 2	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
COLOR OF VEHICLE # 2	LICENSE NUMBER OF VEHIUCE # 2	LICENSE PLATE STATE # 2	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
PERSONS AUTHORIZED TO BE ON PROPERTY (LAWN CARE/PET CARE, ETC.)			
NAME OF PERSON:		BUSINESS:	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
NAME OF PERSON:		BUSINESS:	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
HOUSE SITTER INFORMATION			
NAME OF HOUSE SITTER		TELEPHONE NUMBER OF HOUSE SITTER	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
ANY BROKEN WINDOWS OR SCREENS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE?			
ANY DOORS/GATES OR WINDOWS LEFT UNLOCKED OR OEPN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHERE?			
PETS IN YARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF PET?	HOW MANY PETS?	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
NEWS PAPER AND MAIL DELIVERY ON HOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SNOW REMOVAL SCHEDULED DURING WINTER MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANY LIGHTS INSIDE OR OUTSIDE ON TIMERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A BURGLAR ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF ALARM COMPANY:			
<input style="width: 100%;" type="text"/>			
ADDITIONAL INFORMATION:			
<input style="width: 100%; height: 20px;" type="text"/>			