

EUREKA POLICE VACATION WATCH FORM			DEPARTMENT FILE NUMBER		
DATE AND TIME RECEIVED:					
VACATIONER NAME		RECEIVED BY WHOM:			
ADDRESS				TELEPHONE:	
DATE LEAVING:		TIME:	DATE OF RETURN:		TIME:
LIGHTS BURNING: () YES () NO		IF BURNING, NAME LOCATION OF BURNING LIGHTS			
SHADES DRAWN? () YES () NO		IF YES, STATE WHICH SHADES ARE DRAWN			
DELIVERIES CANCELED? () YES () NO		IF NO, STATE WHAT DELIVERIES ARE TO BE MADE			
ANY VEHICLES ON PROPERTY? () YES () NO		IF YES, STATE VEHICLE DESCRIPTION AND LOCATION			
VACATIONER CAN BE REACHED: (EMERGENCY ONLY)					
ADDRESS:		STATE:		TELEPHONE:	
IN CASE OF EMERGENCY CONTACT:		NAME:		TELEPHONE:	
HAVE KEY? () YES () NO		ADDRESS:			
RESIDENCE CHECKED DATE		TIME	OFFICER	CONDITION	
REMARKS:					
DATE AND TIME OF RETURN:		OFFICER WHO CHECKED RESIDENCE		DATE AND TIME	
OFFENSE COMMITTED:				REPORT NUMBER	
				OFFICER:	
SIGNATURE OF OFFICER		APPROVED IMMEDIATE SUPERVISOR		FINAL APPROVAL	