



Office of Genesee County Sheriff
Vienna Township Sub Station
Vacation House Checks

PLEASE PRINT INFORMATION

NAME _____ PHONE _____

ADDRESS _____
STREET CITY ZIP

DATE LEAVING _____ DATE RETURNING _____

ALARM ___YES-COMPANY NAME ___NO PHONE _____

LIGHTS LEFT ON IN HOUSE? _____

VEHICLES IN DRIVEWAY? YES/NO HOW MANY _____

HAVE NEWSPAPERS BEEN STOPPED? YES/NO

HAS MAIL BEEN STOPPED? YES/NO

WILL ANIMALS BE LEFT AT RESIDENCE? YES/ NO IF YES PLEASE EXPLAIN:

EMERGENCY CONTACT:

NAME _____

ADDRESS _____

RELATIONSHIP _____ DO THEY HAVE A KEY? YES/ NO

PHONE(S) HOME _____ WORK _____ CELL _____

NAME _____

ADDRESS _____

RELATIONSHIP _____ DO THEY HAVE A KEY? YES/ NO

PHONE(S) HOME _____ WORK _____ CELL _____

COMMENTS:

