

KENSINGTON POLICE DEPARTMENT
VACATION HOUSE CHECK

DATE OF REQUEST: _____ **TELEPHONE:** _____

NAME: _____

ADDRESS: _____

EMERGENCY NOTIFICATION: _____

HOUSE DESCRIPTION: _____

AUTHORIZED PERSONS & VEHICLES THEY DRIVE: _____

DATE LEAVING: _____ **DATE RETURNING:** _____

LIGHTS LEFT ON: _____

VEHICLES LEFT IN DRIVEWAY: _____

OWNER REACHED AT: _____

ALARM SYSTEM: **YES** **NO**