



SOMONAUK POLICE DEPARTMENT

140 W Dekalb St, P.O. Box 218
Somonauk, IL 60552

(815) 498-2351
(815) 498-3054

Vacation Watch/Security Check

Address: _____

Name: _____ Phone#: _____

Departure Date: _____ Return Date: _____

Type of Premise: Residence ___ Business ___ Other _____

Have key been left with anyone? Yes ___ No ___

If Yes, Name: _____

Address: _____ Phone# _____

Have Lights been left on? Yes ___ No ___

Light on Timers? Yes ___ No ___

If Yes, Room Location _____, Time On _____ Time Off _____

Will anyone be working about or have access to premises during your absence?

Yes ___ No ___

If Yes, Name: _____

Address: _____ Phone# _____

In case of Emergency do you wished to be notified by telephone? Yes ___ No ___

If Yes, C/O Name: _____

Address: _____ Phone# _____

I request this Vacation Watch / Security Check (circle one) be made of my premise and agree to notify the Somonauk Police Department of my return.

Signed: _____ Date: _____

For Office Use Only

Notes:

Date Received _____

Receiving Ofc. _____

Revised 06/08