

MSO/288
MACON COUNTY SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS

VACATION CHECK FORM

DATE _____ PATROL _____

VACATIONIST'S NAME _____ PHONE _____

ADDRESS OR DIRECTIONS _____

LEAVING DATE _____ TIME _____ RETURNING DATE _____ TIME _____

LIGHTS BURNING YES NO LOCATION OF LIGHTS (IF BURNING) _____

SHADES DRAWN YES NO DELIVERIES CANCELLED YES NO

AUTO IN GARAGE OR DRIVEWAY YES NO COLOR _____ YEAR _____

MAKE _____ LICENSE: STATE _____ NUMBER _____

WHERE CAN VACATIONIST BE CONTACTED IN CASE OF EMERGENCY:

ADDRESS _____ PHONE _____

IN CASE OF EMERGENCY, CONTACT:

NAME _____

ADDRESS _____

WILL HAVE KEY YES NO

COMMENTS: _____

COMPLETE TWO COPIES: ONE TO RADIO AND ONE TO SQUAD ROOM