



Safford Police Department Vacation Watch

Leave Date: _____ Return Date: _____

Name: _____ Phone: _____

Address: _____

() Residence () Business () Other _____

Emergency Contact: _____ Phone: _____

Person With Keys: _____ Phone: _____

Who Will Be On Premises: _____

Vehicles on Premises: _____

() Smoke () Burglar () Silent () Audible Alarm Company: _____

Lighting Information: _____

Pet Information: _____

The Safford Police Department cannot guarantee protection against burglary; however, we believe this program will improve the protection of your home or business.

Check Residence () Daily () Weekly

I request a security check be made of my premises and agree to notify the Safford Police Department of my return.

Signed: _____ Date: _____

Date	Time	Secure		Remarks	Badge#
		Yes	No		

Continued on the back

