



Bonney Lake Police Department

Residential Vacation Check

Name: _____

Address: _____

Phone: _____

Date Leaving: _____ Date Returning: _____

RESIDENCE INFORMATION

Lights: On/Off – Area of house: _____ **Timers:** Yes/No

No. of vehicles(s) left at residence: _____ **Pets:** Yes/No how many _____

Other information: _____

Will anyone be staying/visiting your house while you are gone? Yes/No

If yes, Name _____

Emergency Contact Name/Number: _____

Phone No. where **you** can be reached in an emergency: _____

For Official Use Only:

Date information verified: _____ Officer: _____

Dates residence checked: _____

Follow-up notification date: _____

BONNEY LAKE POLICE DEPARTMENT

Our Core Value is Truth-VERITAS...Vigilance, Excellence, Respect, Integrity, Teamwork, Accountability, Service

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