KENSINGTON POLICE DEPT.
VACATION HOUSE CHECK

DATE RECEIVED:_____ TELEPHONE:_____

NAME:_____

ADDRESS:_____

EMERGENCY NOTIFICATION:_____

_____

DIRECTIONS/LANDMARKS/HOUSE DESCRIPTION:_____

_____

AUTHORIZED PERSONS:_____

_____

_____

DATE LEAVING:_____RETURNING:_____

LIGHTS:_____

VEHICLES:_____

KEY:_____

OWNER REACHED AT:_____

_____

DATE TIME INITIALS FINDINGS
****

_____

_____

_____

_____

_____

_____

_____

_____