VACATION PATROL REQUEST

Date:					
Name/Owner:					
Address:					
Home Phone:	ne Phone: Work Phone:		Cell Phone:		
Contact Information					
□ Can we contact yo	ou while you are awa	ay? Phone):		
Local person we can contact:		Phone:		Phone:	
Will they have a key to yo	our residence?	Yes	No		
Will lights be left on in the	e residence?	Yes	No		
Will the lights be o	on a timer?	Yes	No		
If yes, who	at times:				
Will there be vehicles in th	e driveway?	□ Yes	□ No)	
If yes, list	plate #, color & mak	e:			
Do you have pets in the ho	ouse or backyard?	Yes	No)	
If yes, who	at kind & where:				
Anything you think we sho	uld know:				
Date & Time of Departure:			Date & Time	of Return:	
Requester's Signature:					_

Mail completed form (at least 5 days in advance) to:

Cape Girardeau Police Department 2530 Maria Louise Lane Cape Girardeau, MO 63701

Or turn into the front counter of the police department – Monday through Friday 8 am-7 pm