NAME:			ADDRESS:			
CITY:			TELEPHONE:			
LEAVE DATE:			RETURN DATE:			
Reason for Check: □Vacation			ion □H	ospitalization	□Vacancy (2 week Maximum)	
NORMAL CONDITIONS OF THE HOUSE						
LIGHTS (List times light will be on if on a timer):						
List any vehicles left at residence:						
List any vehicles that will be coming and going:						
List any animals and their names left at the residence:						
List any people permitted @ this location:						
EMERGENCY CONTACT (This person must be able to secure house if necessary)						
Name:				Address:		
City:				Telephone:		

Received by	y:				Date:	
	Cop	oies given	to Gladston	ne Police & Glad	stone Public Works	
Date	Time	DPSST	Remarks			