



Cleves Police Department

Residential Vacation Information Form

Address: _____ Telephone #: _____

Resident's Name: _____

Date Leaving: _____ Time Leaving: _____ (Hours)

Date Returning: _____ Time Returning: _____ (Hours)

Resident's Destination: _____

Emergency Telephone #: _____

Primary Key Holder: _____

Address: _____ Telephone #: _____

Secondary Key Holder: _____

Address: _____ Telephone #: _____

Vehicle/Driveway: _____

Make	Model	Color	License Plate #
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Vehicle/Driveway: _____

Make	Model	Color	License Plate #
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Vehicle/Driveway: _____

Make	Model	Color	License Plate #
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Other Person(s) Permitted in Residence:

1. _____
Relationship

2. _____
Relationship

3. _____
Relationship

4. _____
Relationship

Special Notes: (Lights Left On, Pet(s), Etc.)
