



**OAK HARBOR POLICE DEPARTMENT  
RESIDENTIAL VACATION WATCH INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Closest Cross Street \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date Leaving \_\_\_\_\_ Date Returning \_\_\_\_\_

Are you leaving keys to your home with anyone?  Yes  No

Name/Phone # \_\_\_\_\_

Is this person authorized to be inside the residence?  Yes  No

Drapes will be open or closed?  Open  Closed

Location of drapes \_\_\_\_\_

Lights will be left:  On  Off Are they timed?  Yes  No

Time on \_\_\_\_\_ Time off \_\_\_\_\_ Location \_\_\_\_\_

Time on \_\_\_\_\_ Time off \_\_\_\_\_ Location \_\_\_\_\_

Is there a pet at the residence?  Yes  No  Dog  Cat

Pet's Name \_\_\_\_\_ Location \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* MAXIMUM 30 DAY DURATION \*\*\***

**OHPD DOES NOT ACCEPT RESPONSIBILITY FOR THE WELFARE OF THE RESIDENCE, BUT WILL MAKE EVERY ATTEMPT TO CHECK THE RESIDENCE BASED ON MANPOWER AVAILABILITY**

<b>OFFICE USE ONLY:</b>  RETURNED DATE: _____ PIN# _____
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