



**WEST LIBERTY POLICE DEPARTMENT
VACATION WATCH REQUEST**

409 N. Calhoun St. West Liberty, Ia. 52776

Name: _____

Address: _____

Phone: _____

Date Leaving: _____ Date Returning: _____

Name and phone number of persons having access to the home in your absence:

Name/Phone: _____

Name/Phone: _____

___ YES ___ NO Any lights left on or on timers?

___ YES ___ NO Alarm system?

___ YES ___ NO Garage locked?

___ YES ___ NO Any vehicles in driveway? (describe/license#) _____

Additional
comments: _____
