	PEWAUKEE POLICE DEPARTMENT VACATION HOME CHECKS	**Please fill out highlighted Information**	
Name:		**Phone Number:**	
Address:			
Leaving Date:			
Return Date:			
Destination phone Number:			
Local Person to Notify in Case of Emergency:			
Name:		**Phone Number:**	
Lights On/Location?			
Other Information:			

Date Checked	Time	Officer	*Notes:*