	PEWAUKEE POLICE DEPARTMENT VACATION HOME CHECKS			Please fill out hig	ghlighted Information
Name:				Phone Number:	
Address:					
Leaving Date:					
Return Date:					
Destination phone Nur	nber:				
Local Person to Notify in Case of Emergency:					
Name:				Phone Number:	
Lights On/Location?					
Other Information:					
Date Checked	Time	Officer		Notes:	
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