## La Vernia Police Department Out of Town Notification

Address	Name	Phone		
Departure Date	Time	Return Date	Time	
Premises (Check one) Residence	Business			
Have keys been left with anyone? Yes _	No			
If yes, Name		Phone		
Will someone be working at or have acce	ess to premises? Yes	No		
If yes, Name	Reason	/Purpose	Vehicle	
Name	Reason	/Purpose	Vehicle	
Any vehicles left in driveway/carport? Y	Yes No Licer	nse Plate No(s).		
Any lights left on in premises? Yes	No Timer	Location		
Do you have an alarm? Yes No _	Alarm Company			
Any animals left on or in premises? Yes	No Type(s)			
Emergency contact by collect call (if des	ired)			
c/o Name		Phone		
Signature		Date of Request		
*********	****For use by La Vern	ia Police Department below thi	s line**************	**

Officer's Security Check Report

Date	ID	Time	Date	ID	Time	Date	ID	Time