



Clarksville Police Department

Chief Nathan W. Walls
1970 Broadway St
Clarksville, In 47129
812-288-1751
n.walls@clarksvillepolice.com

Vacation Check Request Form

Name: _____

Address: _____

Date of Departure: _____

Expected Return Date: _____

(We understand you may not have an official date, please give us a tentative date, should you go past that time just call and we will gladly extend our watches, **return date is required.**)

Homeowner Cellphone: _____

Emergency Contact: _____

(Name/Telephone Number)

Does your emergency contact have keys to the residence? _____

Will there be any vehicles in the driveway? _____

(If yes, please list make, model and color)

Will there be anyone checking on the residence? _____

Do you have an alarm system and/or lights on timers or motion lights?

Notes: _____

Please return form to the Clarksville Police Department or send to j.vanwinkle@clarksvillepolice.com

CLARKSVILLE POLICE DEPARTMENT