OSWEGO POLICE DEPARTMENT VACATION CHECK

Name _____ Car(s) on Driveway _____
Address _____ _____
From _____To_____

Guns: Yes _____ No _____ Alarm: Yes _____ No _____
Type:_____ Company: _____
Location: _____ Phone: _____

Lights: Yes _____ No _____ Key Holder Information
Timers: Yes _____ No _____ Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Vacation Phone Number: _____
Cell Phone Number: _____

IN THE EVENT AN OPEN DOOR, WINDOW OR OTHER SUSPICIOUS CIRCUMSTANCE IS DISCOVERED BY AN OFFICER, I HEREBY AUTHORIZED THE OSWEGO POLICE DEPARTMENT TO ENTER MY GARAGE, HOME, ETC., TO SEARCH AND SECURE MY RESIDENCE. I HEREBY RELEASE THE OSWEGO POLICE DEPARTMENT OF ANY AND ALL LIABILITY FOR ANY DAMAGE OCCURRING FROM SAID SEARCH.

Signature of Resident: _____

CSO / OFFICER INFORMATION

DATE	TIME	INITIALS	STATUS/COMMENTS