

Vacation Watch Request Form

Once you have completed this form, please fax it to 361-777-4445

CONTACT INFORMATION

First Name

Last Name

Address

City

State

Zip Code

Phone Number

Email Address

VACATION INFORMATION

Date Leaving

Date Returning

Do you have lights on? (circle one)

YES

NO

If yes, what is the location of the light(s)?

Any vehicles in the driveway? (circle one)

YES

NO

If yes, describe the vehicle(s) – make, model, color

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EMERGENCY CONTACT INFORMATION

Emergency Contact Person(s) Name

Emergency Contact Person(s) Address

Emergency Contact Person(s) Phone Number

Other/Miscellaneous Information you want the Portland Police Department to know:

