## ST. JOHN POLICE DEPARTMENT VACATION CHECK REQUEST

General Order # 7.09.5 The St. John Police Department is authorized to perform "vacation checks" under the following criteria: The Department will conduct vacation residence checks for Town of St. John residents upon request. Residents may initiate a vacation residence check by completing a vacation residence check form either on-line on the Town of St. John website, or in person at the St. John Police Department. Dispatch personnel shall verify the following guidelines and requirements are met prior to initiating a case for a vacation check into Spillman.

- 1. The residence in question must be located within the Town of St. John town limits.
- 2. Vacation registration cannot be taken over the phone.
- 3. The vacation watch may not exceed six (6) weeks.
- 4. The vacation check will only be accepted if no one will be residing, i.e.: sleeping, or living at the residence while the owner is away.
- 5. The residence must be vacant due to an actual vacation and not due to the resident relocating or selling the home.
- 6. Vacation checks are limited to homes; businesses are not included.

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Name:			Da	te of Req	juest:	Date Lea	ving / Time:	
Address:			1	Date Returning / Time: 6 weeks max				
Home Phone:		Cell Phone:			Contact	Number W	here You Can Be Reached:	
Will someone be checking your residence? $\square$ Yes $\square$ No $\square$ Do they have a key? $\square$ Yes $\square$ No If so, who?								
Name:						Contact Phone No.:		
Vehicle Make:	Vehicle Model:	icle Model: Vehicle Col			Plate No. &/or State:		Cell Phone No.:	
Are there any animals on the premises?								
Will there be any vehicles parked in your driveway and/or in front of your residence? $\Box$ Yes $\Box$ No If so, what kind?								
Vehicle Make:	Vehicle Model:	V	ehicle Color:		Plate No. &/or	r State:	Where Located:	
Vehicle Make:	Vehicle Model:	V	ehicle Color:		Plate No. &/or	r State:	Where Located:	
Vehicle Make:	Vehicle Model:	V	ehicle Color:		Plate No. &/or	r State:	Where Located:	
See Page 2 for more information								

Will there be any lights left on timers?								
☐ Living Room ☐ Kitchen ☐ Master Bedroom ☐ Family Room								
Other:								
Does your residence have an alarm system?								
If so, what is the name and contact number of your alarm company?  Alarm Company Name:  Contact Phone No.:  Name/Number of Person Knowledgeable in Alarm Op	oer.:							
Additional Information								