

# WILLOW PARK POLICE DEPARTMENT VACATION CHECK

Request Date ____/____/____	Date Leaving ____/____/____	Date Returning ____/____/____
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## RESIDENT

Resident: _____
Address _____ ER Contact # (    ) _____ - _____

## DESTINATION

Destination: _____
In case of Emergency, notify: _____ Phone: (    ) _____ - _____

## VEHICLES LEFT ON PREMISES

Make: _____ Model: _____ Year: _____ Body: _____ L/P: _____
Make: _____ Model: _____ Year: _____ Body: _____ L/P: _____
Make: _____ Model: _____ Year: _____ Body: _____ L/P: _____

## PERSONS ALLOWED ON PREMISES

Name: _____ Phone #: (    ) _____ - _____
Name: _____ Phone #: (    ) _____ - _____
Name: _____ Phone #: (    ) _____ - _____

## MISCELLANEOUS INFO

_____
_____
_____
_____
_____

I agree to allow the Willow Park Police Department to inform the Willow Park Water Works that I am on vacation in the event of imposed water rationing. Yes ____ No ____
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_____	____/____/____	_____	____/____/____
Resident	Date	Person Taking Request	Date