

MSO/288

**MACON COUNTY SHERIFF'S DEPARTMENT
DECATUR, ILLINOIS**

VACTION CHECK FORM

DATE: _____ PATROL: _____

VACATIONIST'S NAME: _____ PHONE: _____

ADDRESS OR DIRECTIONS: _____

LEAVING DATE: _____ TIME: _____

RETURNING DATE: _____ TIME: _____

LIGHTS BURNING: YES NO

LOCATION OF LIGHTS (IF BURNING) _____

SHADES DRAWN: YES NO DELIVERIES CANCELLED: YES NO

AUTO IN GARAGE OR DRIVEWAY: YES NO COLOR: _____ YEAR: _____

MAKE: _____ LICENSE: STATE: _____ NUMBER: _____

WHERE CAN VACATIONIST BE CONTACTED IN CASE OF EMERGENCY:

ADDRESS: _____ PHONE: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____

ADDRESS: _____

WILL HAVE KEY: YES NO

COMMENTS: _____

COMPLETE TWO COPIES: ONE TO RADIO AND ONE TO SQUAD ROOM