



Bayfield Marshal's Office House Check / Vacation Request

ADDRESS TO BE PATROLED: _____

AGENCY/DISTRICT: _____

VACATION DATES: FROM _____ TO _____

1. RP's Name & Home Phone Number _____

2. Vacation Address & Phone Number _____

3. Emergency Contact
a. Name & Phone Number _____

- b. Key Holder? Y / N _____
4. Lights
a. Inside Lights Location(s)
i. Timers? Y / N _____
- b. Outside Lights Location(s)
i. Timers? Y / N _____
5. Animals? Y / N _____
6. Vehicles
a. Make, Model, Color, Plate & Location _____
- b. Make, Model, Color, Plate & Location _____
- c. Make, Model, Color, Plate & Location _____

Dispatcher Name _____ Date _____