CONSTABLE'S VACATION WATCH FORM

PHIL CAMUS
HARRIS COUNTY CONSTABLE'S OFFICE
PRECINCT FIVE

PLEASE PRINT OR TYPE ALL INFORMATION

SUBDIVSION: _____ ADDRESS: _____

NAME: _____ TELEPHONE: _____

DATE LEAVING: _____ A.M./ P.M. DATE RETURNING: _____ A.M./ P.M.

VEHICLES:

COLOR	YEAR	MAKE/MODEL	LICENSE NO.	LOCATION	DRIVEWAY	GARAGE

LIGHTS LEFT ON: YES NO TIMERS ON LIGHTS: YES NO

IF "YES" ON TIMERS GIVE ROOM LOCATIONS: _____

ALARM: YES NO PETS: YES NO

VISITORS:

NAME:	ADDRESS:	TELEPHONE:	WORK	HOME

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME:	ADDRESS:	TELEPHONE:	WORK	HOME

COMMENTS: _____

_____

_____

PLEASE MAIL SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.

PLEASE MAIL COMPLETED FORM TO: HARRIS COUNTY CONSTABLE PRECINT FIVE
17423 KATY FREEWAY
HOUSTON, TX 77094

OR FAX TO: 281-492-3540