GLEN CHEEK
HARRIS COUNTY CONSTABLE'S OFFICE
PRECINCT FIVE

VACATION WATCH

Please PRINT OR TYPE ALL INFORMATION

SUBDIVISION: _____ 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 LOCATION: _____

VISITORS:

NAME ADDRESS TELEPHONE: WORK HOME
(Please include area code)

_____ (_____) _____

_____

_____

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME ADDRESS TELEPHONE: WORK HOME
(Please include area code)

_____ (_____) _____

_____

COMMENTS: _____

_____

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

HARRIS COUNTY CONSTABLE PRECINCT FIVE
17423 KATY FREEWAY
HOUSTON, TEXAS 77084
OR FAX TO: 492-3540