

**TRUMBULL COUNTY 9-1-1
HOWLAND TWP POLICE DEPARTMENT
VACATION/SPOT CHECK**

NAME: _____ PHONE: _____

ADDRESS: _____

EMERGENCY PHONE NUMBER FOR OWNER: _____

RESIDENCE: _____ BUSINESS: _____

KEYHOLDER(S): _____ PH _____

_____ PH _____

NOTES: _____

VEHICLES	Year/Make/Model	DRIVEWAY	GARAGE
MISCELLANEOUS		PICKUP BY:	STOPPED
MAIL			
NEWSPAPER			
TIMER LIGHTS & LOCATION:			
ALARM COMPANY:			
OTHER:			

DEPARTURE DATE: ____/____/____

RETURN DATE: ____/____/____

TAKEN BY: _____

DATE: _____