

Vacation Watch Garland Police Department Volunteers In Policing

Submit In Person:
1891 Forest Lane
FAX: (972) 485-4801
Email:
PoliceInfo@GarlandTX.Gov

Please submit 7 days prior to departure

Name		Home Phone	Business Phone
Address	City	Zip	MAPSCO
Mailing Address		City	Zip
Emergency Contact Name		Home Phone	Business Phone
Departure Date: ___/___/___	Return Date: ___/___/___	Pets: Type Location	
Cars, Trucks, Boats, RVs, other: Type License Location		Detached Buildings: Type _____ <input type="checkbox"/> Locked Type _____ <input type="checkbox"/> Locked Type _____ <input type="checkbox"/> Locked	
Other comments such as the name of anyone else that may stop by and check on the home, or specific instructions: _____ _____ _____			

Date: ___/___/___ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Condition of Residence: _____ _____ _____ <input type="checkbox"/> OK	Checked by: _____ /
Date: ___/___/___ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Condition of Residence: _____ _____ _____ <input type="checkbox"/> OK	Checked by: _____ /
Date: ___/___/___ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Condition of Residence: _____ _____ _____ <input type="checkbox"/> OK	Checked by: _____ /
Date: ___/___/___ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Condition of Residence: _____ _____ _____ <input type="checkbox"/> OK	Checked by: _____ /
Date: ___/___/___ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Condition of Residence: _____ _____ _____ <input type="checkbox"/> OK	Checked by: _____ /
Date: ___/___/___ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Condition of Residence: _____ _____ _____ <input type="checkbox"/> OK	Checked by: _____ /