

Walnutport Police Department Vigilance Sheet



Date Reported: _____

Time Reported: _____

Name: _____ Phone Number: _____

Address: _____

Date Leaving: _____ Date Returning: _____

Name of Person Who Has Keys to House

Name: _____ Phone Number: _____

Address: _____

Lights

Will there be lights left on in the house? Yes _____ No _____
In what rooms?

Are they on a timer? Yes _____ No _____

If so, what time do they come on? _____ What time do they go off? _____

Where are you going in case of an emergency? _____

Other Information:

