



VACATION AND PERIODIC HOUSE CHECK

Name _____

Phone _____

Address _____

Leaving _____ Returning _____

Vehicles in Driveway _____

Alarm System? Yes _____ No _____ Alarm Company _____

Interior Lights on? Yes _____ No _____

Exterior Lights on? Yes _____ No _____

Key Holders

Name _____

Phone _____

Name _____

Phone _____

Additional Notes:

Please complete and submit to:

Clay Township Police Department
8207 Arlington Rd.
Brookville, OH 45309
BGOUDY@CLAYOHIO.ORG