



Chaska Police Department Request for Vacation House Check

Name: _____

Address: _____

Phone Number: _____

Departure Date: _____ **Return Date:** _____

Keyholder #1 Name and Number: _____

Keyholder #2 Name and Number: _____

Lights on? ____ (Yes or No) Where? _____

Lights on timer? ____ (Yes or No) Time on: ____ Time off: ____

Is there an alarm system? ____ (Yes or No)

If yes, who monitors: _____

Description of vehicles left in garage/driveway: _____

Misc. Info: _____

