

**\*\*\*All Information Required\*\*\***

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ADDRESS MEMBERSHIP NUMBER

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NAME DATE LEAVING

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LIGHT ON YES UTILITIES YES DATE RETURNING  
IN HOUSE NO DISCONNECTED NO

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PAPER YES AUTO IN YES MAKE & MODEL LIC#  
STOPPED NO CARPORT/GARAGE NO

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IF EMERGENCY NOTIFY: NAME ADDRESS PHONE NUMBER

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KEYS AT: NAME ADDRESS PHONE NUMBER

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REMARKS:

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MARICOPA COUNTY SHERIFF'S POSSE DREAMLAND VILLA OFFICE VACATION WATCH REPORT