





VACATION HOUSE CHECK

| DATE DEPAR | TING: DATE RETURNING: |
|-----------------|--|
| | HOME OWNER |
| NAME(S): | |
| ADDRESS: | |
| PHONE: | PHONE: |
| | VEHICLE(S) ON PREMISES |
| COLOR | LICENSE PLATE |
| COLOR | LICENSE PLATE |
| COLOR | LICENSE PLATE |
| | EMERGENCY CONTACTS AND ALLOWED ON PREMISES INDIVIDUALS WILL BE ASKED TO PROVIDE VALID IDENTIFICATION IF LOCATED ON PREMISES |
| | |
| NAME: | |
| Email cor | mpleted form: rfrazer@pittsboropolice.org |
| Pittsboro | Police Department Monday-Friday 8:00 AM- 4:00 PM Closed Holidays |
| Drop off | at Pittsboro Town Hall Service window or 24/7 Bill Drop Box |
| During y | our vacation all contact needs to made by calling (317) 839-8700 |