

# CITY OF STAGECOACH VACATION WATCH

Watch Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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Depart: Date \_\_\_\_\_ Time \_\_\_\_\_

Return: Date \_\_\_\_\_ Time \_\_\_\_\_

Destination: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Key Holder: Name \_\_\_\_\_

Phone \_\_\_\_\_

Key Holder Vehicle: Type \_\_\_\_\_

Color \_\_\_\_\_

Other people in home: \_\_\_\_\_

Workers in home?     Yes     No

Name \_\_\_\_\_

Phone \_\_\_\_\_

Paper stopped?     Yes     No

Mail stopped?     Yes     No

Lights on?     Yes     No

Timer?     Yes     No

TV or radio left on?     Yes     No

Timer?     Yes     No

Animals at home?     Yes     No

Who will feed? \_\_\_\_\_

Phone \_\_\_\_\_

Vehicles in driveway?     Yes     No

Type \_\_\_\_\_

Type \_\_\_\_\_

Other Information for Police Department:

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