

Milan Police Vacation Home Watch

Home Owners Name: _____

Address: _____

Home Phone: _____ Cell: _____

Start Date: _____ End Date: _____

Alarm System? Yes No Lights on Timer? Yes No

Alarm Company: _____

Local Contact: _____ Emergency Number: _____

Animals Present? Yes No

Cars Present? Yes No

Authorized Persons Key Location: _____

Additional Information: _____

Please return form to the Milan Police Department at 405 East 1st Street, or email to:
milanpolice@milan.il.us