



# Vacation Watch Program

EMAIL TO: [SafetyCoordinator@oakhilltn.us](mailto:SafetyCoordinator@oakhilltn.us)

## Contact Information

Name	
Street Address	
Phone 1	
Phone 2	
E-mail Address	

## Dates

Start date:	
Cancel date:	

## Forwarding Information (Destination contact information)

Phone Number	
Address	

## Authorized Persons

Are there authorized persons who will be on your property while you are away?

- No
- Yes

Name(s): \_\_\_\_\_

Do they have access to inside the house?  Yes  No

## Key 1 & 2 (Someone who possesses an emergency key to the house)

<b>Name (1)</b>	
Street Address	
Phone 1	
Phone 2	
<b>Name (2)</b>	
Street Address	
Phone 1	
Phone 2	

## Details

Did you:

- Set alarm  
Alarm Co: \_\_\_\_\_ Phone: \_\_\_\_\_
- Stop mail delivery
- Stop paper delivery
- Leave lights on a timer
- Leave a pet  
How many and what kind? \_\_\_\_\_

## Vehicles Left On Property

Vehicle 1	
Description, Tag Number	
Where was it left?	
Vehicle 2	
Description, Tag Number	
Where was it left?	
Vehicle 3	
Description, Tag Number	
Where was it left?	

## Emergency Contact Information (In case we cannot get in contact with you)

Name	
Address	
Phone 1	
Phone 2	
E-Mail Address	

## Additional Notes:

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