



SAINT CLAIR POLICE DEPARTMENT
24 North Second Street
Saint Clair, PA 17970
(570) 429-3050

VACATION WATCH REGISTRATION

ADDRESS: _____ LEAVE DATE: _____

_____ RETURN DATE: _____

CELL PHONE#: _____ PAGER#: _____

EMERGENCY CONTACT PERSON: _____

TELEPHONE #: _____

DOES THIS PERSON HAVE A KEY: YES NO

ALARM KEY HOLDER: _____

ADDRESS: _____ PHONE#: _____

VEHICLES REMAINING IN DRIVEWAY OR IN FRONT OF RESIDENCE:

MAKE: _____ MODEL: _____ LICENSE PLATE#: _____

MAKE: _____ MODEL: _____ LICENSE PLATE#: _____

LOCATION OF LIGHTS LEFT ON:

ARE LIGHTS ON A TIMER? IF SO, WHAT TIME DO THEY TURN ON/OFF? _____

WILL ANY PETS BE LEFT ON THE PREMISES? IF SO, PLEASE LIST: _____

COMMENTS: _____

OFFICER TAKING REPORT: _____ DATE: _____

COMPUTER COMPLAINT COMPLETED? YES NO