

**Village of South Barrington Police Department**  
**30 South Barrington Road South Barrington IL 60010**  
**VACATION INFORMATION FORM**

Rd#: \_\_\_\_\_

Name:	Address:	Phone:
Departure Date:		Return Date
Emergency Number:		
Area Code:		Telephone #:
Key Holder:	Address:	Phone #:
Lights On: Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:	
Any Damage to Property: Yes No If yes Describe:		
Work being Done while gone, By Whom:		
Alarm: Yes <input type="checkbox"/> No: <input type="checkbox"/>	Alarm Company:	
Cars In Drive: Yes <input type="checkbox"/> No: <input type="checkbox"/>	Cars in Garage: Yes <input type="checkbox"/> No <input type="checkbox"/> Number:	
Did you Stop Mail Delivery:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Did you Stop Paper Delivery	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you Expect any Package Deliveries: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If yes Name and Telephone Number of Contact person that can pick up the package:		
Name:		Telephone:
Packages should be picked up within 24 hours of notification		
Additional Information:		
Signature:		Date:
Disclaimer: <b>Completion of this form does not imply a contract for physical inspection of the listed residence.</b>		

This form can be Faxed to 847-381-0929  
Or E-Mailed to - [mlampugnano@southbarrington.org](mailto:mlampugnano@southbarrington.org)