

**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      No	Location:	
Any Damage to Property: Yes      No      If yes Describe:		
Work being Done while gone, By Whom:		
Alarm: Yes      No:	Alarm Company:	
Cars In Drive: Yes      No:	Cars in Garage: Yes      No      Number:	
Did you Stop Mail Delivery:	Yes:	No:
Did you Stop Paper Delivery	Yes:	No:
Do you Expect any Package Deliveries:      Yes:      No:		
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: Print name if emailed.		Date:
<b>Disclaimer: 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 emailed to [police@southbarrington.org](mailto:police@southbarrington.org)