



## New Richmond Police Vacation Check Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Any Lights Left On (please check) Front \_\_\_\_\_ Back \_\_\_\_\_

Special Notes That May Be Helpful to Officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax completed form to (513)553-4594, or drop form off at New Richmond Police Department:

102 Willow Street, New Richmond, OH 45157