

**Emmaus Police Department
Vigilance Sheet**

Date Reported: _____ Operator: _____

Time Reported: _____

NAME: _____

ADDRESS: _____

PHONE: _____

Date Leaving: _____

Date Returning: _____

NAME OF PERSON WHO HAS KEY TO HOUSE

NAME: _____

ADDRESS: _____

PHONE: _____

LIGHTS

Will there be lights left on in the house: Yes _____ No _____

In what rooms? _____

Are they on a timer? Yes _____ No _____

If so, what time do they come on: _____ go off: _____

Where are you going in case of an emergency: _____

OTHER INFORMATION:

