



## VACATION CHECK REQUEST FORM

Please complete this form and return to the Tooele County Sheriff's Department.

Name of Requesting Party: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Number for Emergency Contact: \_\_\_\_\_

Lights left on: \_\_\_\_\_

Unsecured Doors or Windows: \_\_\_\_\_

Vehicles: \_\_\_\_\_

### RESPONSIBLE PARTY INFORMATION

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

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

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

Misc. or Additional Information: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DISPATCHER: \_\_\_\_\_

**Print and Mail to:**  
Tooele County Sheriff  
47 South Main  
Tooele, UT 84074  
or

**Print and Fax to:**  
(435) 843-3330  
or

**Save the form and E-mail to:**  
VacationCheck@co.tooele.ut.us