PEORIA POLICE DEPARTMENT PATROL/VACATION/TRAFFIC WATCH

☐ **Vacation Watch** ☐ **Patrol Watch** ☐ **Traffic Watch**

Beginning Date:_____ Ending Date:_____

Location of Watch		
Name: Last, First, Middle		
Street Address:		**Phone Number**:
Contact Name (in case of emergency):	**Address**:	**Phone Number:**
Vehicles: 1) Year_____Make_____Model_____Color_____ 2) Year_____Make_____Model_____Color_____		
Pets:		
Work Schedules: 1) Days of Week (Please Circle) M T W TH F S S Time:_____ 2) Days of Week (Please Circle) M T W TH F S S Time:_____		
Weapons: (Please list the types of weapons and locations they are kept)		
Alarm Information:		
Mail/Paper Stopped:	**Lights**:	
Additional Information or Comments:		

_____ _____

Signature **Date**

FOR POLICE DEPARTMENT USE ONLY

SHIFT I				SHIFT II				SHIFT III			
DATE	TIME	OFFICER	ACTION	DATE	TIME	OFFICER	ACTION	DATE	TIME	OFFICER	ACTION