

# VIKING VALLEY ASSOCIATION

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## SAFETY DEPARTMENT "OUT-OF-TOWN" PATROL LIST

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Name(s) of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Will anyone be checking on the residence or staying there during this time: \_\_\_\_\_

If so, who: \_\_\_\_\_

What will that person be driving: \_\_\_\_\_

Will the owner's be leaving any vehicles parked outside: \_\_\_\_\_

If so, what kind and color: \_\_\_\_\_

Would the owner's like to leave an emergency contact number (either where they will be or someone else's number) in case of an emergency:

Name & Number: \_\_\_\_\_

\_\_\_\_\_  
Date Info Received

\_\_\_\_\_  
Person Taking Info