

HOWARD COUNTY SHERIFF'S DEPARTMENT

VACATION FORM

DATE LEAVING: _____ DATE RETURNING: _____

NAME: _____

ADDRESS: _____

REMARKS: (ITEMS LEFT OUT; SUCH AS CARS, BOATS, BIKES, LAWN
MOVERS, DOGS, ETC) _____

LIGHTS, RADIOS, OR TELEVISION LEFT ON: _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

PHONE: _____

DATE: _____ TIME: _____ OFFICER: _____

DATE: _____ TIME: _____ OFFICER: _____

DATE: _____ TIME: _____ OFFICER: _____

DATE: _____ TIME: _____ OFFICER: _____

DATE: _____ TIME: _____ OFFICER: _____