

METROPOLITAN POLICE DEPARTMENT – CITY OF ST. LOUIS  
CITIZEN ABSENCE FROM RESIDENCE/BUSINESS NOTIFICATION  
(PLEASE TYPE OR PRINT CLEARLY)

TO: Commander \_\_\_\_\_ District \_\_\_\_\_ Form Completed  In Person  By Phone

FROM: \_\_\_\_\_  
NAME ADDRESS OF RESIDENCE/BUSINESS TELEPHONE

INCLUSIVE DATES OF ABSENCE:  
From \_\_\_\_\_ THRU \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

EMERGENCY CONTACT DURING ABSENCE:  
\_\_\_\_\_  
NAME (HOTEL, RELATIVE, FRIEND, ETC.) ADDRESS (INCLUDING CITY & STATE) TELEPHONE

VEHICLE INFORMATION (IF DRIVING):  
\_\_\_\_\_  
YEAR MAKE COLOR TOP/BOTTOM (OR ONE COLOR) STYLE LIC. NO. (Check Box If Not Driving)

PERSONS WITH KEY TO RESIDENCE/BUSINESS WHO CAN BE CONTACTED IN EMERGENCY:  
\_\_\_\_\_  
NAME ADDRESS TELEPHONE

\_\_\_\_\_  
NAME ADDRESS TELEPHONE

**FOR DEPARTMENT USE**

Hi-Map Prec \_\_\_\_\_ Hi-Map Car Beat \_\_\_\_\_  
Lo-Map Prec \_\_\_\_\_ Lo-Map Car Beat \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF RESIDENT OR DESK OFFICER

