



WEST EASTON BOROUGH POLICE DEPARTMENT

Residential Vacation Check Request Form

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

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

Date/Time of Departure: \_\_\_\_\_ Date/Time of Return: \_\_\_\_\_

LOCAL EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Address: \_\_\_\_\_ Do they have a key? \_\_\_\_\_

AUTHORIZED VEHICLES LEFT ON THE PROPERTY OR IN DRIVEWAY:

Table with 5 columns: Year, Make, Model, Color, Lic# & State. Contains 4 rows for vehicle information.

ALARMS:

Premise Alarm YES \_\_\_\_\_ NO \_\_\_\_\_
Alarm Company and Phone Number: \_\_\_\_\_

PERSONS ALLOWED ON PROPERTY: (Lawn, petcare, etc.)

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

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

\_\_\_\_\_ Broken windows or screens? Where? \_\_\_\_\_
\_\_\_\_\_ Pets in yard? What type? \_\_\_\_\_
\_\_\_\_\_ Rear yard locked? \_\_\_\_\_ Mail Stopped? \_\_\_\_\_ Newspaper stopped?

ADDITIONAL INFORMATION/PERSONAL NOTES:

[Empty box for additional information/notes]

\* I understand that house checks will be performed as time permits. The signature on the form releases the Borough of West Easton and its employees of all liability or damages occurring during this period.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit your request 5 days prior to your departure by drop off, mail, or fax, as noted below:
West Easton Borough Police Department: 301 6th Street, West Easton PA 18042
Attention: House Checks Fax No. (610) 438-1290
All questions should be directed to the Police Department 610-438-2304
Information will be kept confidential and retained by the West Easton Borough Police Department.