Vacation/Security Check

SOUTH HEIDELBERG TOWNSHIP POLICE DEPARTMENT

Please submit to: S.H.T. Police Department
555A Mountain Home Road
Sinking Spring, PA 19608
Or fax to: 610-678-5056

NAME:_____

ADDRESS: _____ PHONE: _____

PROBABLE ROUTE OF TRIP: _____

SCHEDULED: DATE OF DEPARTURE: _____ DATE OF RETURN:_____

SECURITY INFORMATION

TYPE OF PREMISES: RESIDENCE_____ BUSINESS _____ OTHER _____

HAVE THE KEYS BEEN LEFT WITH SOMEONE? YES _____ NO _____ OTHER _____

IF YES, NAME: _____

ADDRESS: _____ PHONE: _____

IS THIS PREMISES ALARMED? BURGLAR _____ FIRE _____ MOTION _____

NAME OF SECURITY CO.: _____ PHONE: _____

WILL ANYONE HAVE ACCESS TO THE PREMISES DURING YOUR ABSENCE? YES _____ NO _____

IF YES, NAMES: _____

IN CASE OF EMERGENCY, WHO SHOULD THE POLICE NOTIFY?_____

ARE THERE ANY LIGHTS ON, TIMERS, OR MOTION DETECTORS? IF SO, EXPLAIN:

_____

_____

IS THERE ANYTHING ELSE THE POLICE SHOULD KNOW RELATIVE TO THIS SECURITY CHECK? _____

I REQUEST A CHECK BE MADE OF MY PREMISES AND I AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED: _____ **DATE OF REQUEST:**_____