LIMERICK TOWNSHIP POLICE DEPARTMENT
VACATION NOTICE

****POLICE CHECKS ARE LIMITED TO 14 DAYS FROM DATE OF DEPARTURE ONLY****

NAME:_____PHONE NO.(____)_____INCIDENT:_____

ADDRESS:_____

DEPARTURE DATE:_____RETURN DATE:_____DESTINATION:_____

TYPE OF PREMISE: (___) RESIDENCE (___) BUSINESS (___) OTHER:_____

KEYS WITH ANYONE ? YES(___) NO(___) NAME:_____PHONE NO.(____)_____

WILL ANYONE HAVE ACCESS TO YOUR PREMISES DURING YOUR ABSENCE ? YES(____) NO(____)

NAME:_____ADDRESS:_____PHONE NO.(____)_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED? YES (___) NO(___) OR CONTACT THE FOLLOWING:

C/O_____PHONE NO. (_____) _____

LIGHTS ON TIMER: YES(___) NO (___) LOCATION:_____TIME:_____

ALARM YES (___) NO (___) CO._____PHONE NO.(___)_____PETS:YES(___) NO(____)

VEHICLES IN DRIVEWAY_____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES SECURE OR OTHER	OFFICER'S INITIALS

OFFICER ACTION:
IF PREMISES IS UNSECURE OR EVIDENCE OF FORCED ENTRY FOUND, STATE IF YOU CHECKED PREMISES. IF YOU FOUND VANDALISIM OR THEFT FILE AN INCIDENT REPORT.