

Mountain Lakes Police
Mountain Lakes, NJ 07046

REQUEST FOR VACANT HOME CHECK

STREET NAME: _____

STREET NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____

PERSON REPORTING VACANCY: _____

SIGNATURE OF REPORTER: _____

VACANT FROM: _____ TO: _____

KEY AT: NAME: _____

ADDRESS: _____

WHERE MAY WE CONTACT YOU IN THE EVENT OF AN ACTUAL EMERGENCY?

ADDRESS: _____ PHONE: _____

LIGHTS: _____ TIMER _____ STEADY _____ NONE

CARS: MAKE _____ MOD. _____ COLOR _____ YEAR _____

MAKE _____ MOD _____ COLOR _____ YEAR _____

MAKE _____ MOD _____ COLOR _____ YEAR _____

MAKE _____ MOD _____ COLOR _____ YEAR _____

CARS: NONE _____

ALARMS: _____ FIRE _____ BURGLAR _____ SMOKE _____

CENTRAL STATION: _____ PHONE # _____

ALARMS: NONE _____

IS SOMEONE CARING FOR PETS IN YOUR HOME? YES _____ NO _____

NAME: _____ PHONE #: _____

ARE ANY CONTRACTORS EXPECTED TO BE IN YOUR HOME IN YOUR ABSENCE?

COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

WORKMEN NAMES: _____

(IF ADDITIONAL SPACE IS NEEDED FOR CONTRACTOR INFORMATION, PLEASE ATTACH ADDITIONAL SHEET)

ALL REQUESTS FOR VACANT HOME CHECKS MUST BE RETURNED TO POLICE HEADQUARTERS 24 HOURS PRIOR TO DEPARTURE. FACSIMILE COPIES WILL NOT BE ACCEPTED. YOU WILL NEED TO REPORT THIS NUMBER TO US UPON YOUR RETURN.

YOU MAY ADVISE US OF YOUR RETURN ON THE PHONE.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.