

MOUNTAIN LAKES POLICE

400 Boulevard
Mountain Lakes, NJ 07046
973-334-1413

Request for Vacant Home Check

Resident Name: _____

Street Address: _____ Phone Number: _____

Reason for Vacancy: _____

Signature of Resident: _____

Time of Vacancy: From: _____ To: _____

Is there a Key? _____ Location of Key and/or Contact: _____

Emergency Contact: _____

Will the lights be on and How: Lights: _____ Timer: _____ Steady: _____ None: _____

How many cars: _____

How many cars parked-on driveway/Garage: _____

Make _____ Model _____ Color _____ Year _____

Make _____ Model _____ Color _____ Year _____

Make _____ Model _____ Color _____ Year _____

Make _____ Model _____ Color _____ Year _____

Is there an Alarm: _____ Name of Alarm Company? _____

Is Alarm Registered with Mountain Lakes Police? _____

What type: Fire: _____ Security: _____ Smoke: _____

Central Station: _____ Phone: _____

Are there any services/people coming to the house while you are away? _____

Pet Sitter: _____ House Sitter: _____ Misc: _____

House Maintenance/Contractors: _____

Name of person: _____

Company: _____

Address: _____

Phone: _____

Do you have anyone picking up your mail? _____

ALL REQUESTS FOR VACANT HOME CHECKS MUST BE BROUGHT TO POLICE HEADQUARTERS
24 HOURS PRIOR TO DEPARTURE.

FAXED COPIES WILL NOT BE ACCEPTED.

YOU WILL NEED TO REPORT THIS NUMBER TO US UPON YOUR RETURN. _____

YOU MAY ADVISE US OF YOUR RETURN BY PHONE.
THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

