Woolwich Township Police Department Security/Vacation Check Report

Personal Information Name of resident: Home Phone Number: _()_____ **Type of Premises** Residential Business Address: _____ **Residents Vehicle Information (Vehicles left in driveway only)** Vehicle One Make: _____ Model: ____ Year: ____ Registration (tag) #: ____ Vehicle Two Make: _____ Model: ____ Year: ____ Registration (tag) #: ____ **Alarm Information** Protected by Alarm: YES NO Type of Alarm: _____ LIGHTS: □ON □OFF CONSTANT: ☐ YES ☐ NO AUTOMATIC: ☐ YES ☐ NO **Keys left with anyone:** ☐ **YES** ☐ **NO** Name of Caretaker: Phone Number: _(___) Address: Other Persons with access to residence: I request a check be made of my premises from ____/___ to ____/ and will notify the Woolwich Township Police Department upon my return. Signature of Resident: ______ Date: ____/___ TIME PREMISES SECURE (IF NOT . OR #) **OFFICER'S SIGNATURE DATE**