

LUMBERTON TOWNSHIP POLICE DEPARTMENT
VACATION / PROPERTY CHECK REQUEST FORM
Please print clearly and give no more information than what is requested
Upon completion, this form must be returned to the Police Department

Last Name _____

First Name _____

Street Address _____

Telephone Number _____ - _____ - _____

Cell Phone Number _____ - _____ - _____

Date leaving for vacation _____ Time leaving _____ AM PM

Date returning home from vacation _____

Is anyone authorized to be on property while you are away? Yes No If yes, list

1) Name _____

Purpose _____

2) Name _____

Purpose _____

Do you have lights on a timer? Yes No

Time On _____ AM PM Time Off _____ AM PM

Time On _____ AM PM Time Off _____ AM PM

Will there be any vehicles on your property? Yes No If yes, list

Tag No. _____ State _____ Make _____ Color _____

Tag No. _____ State _____ Make _____ Color _____

Is your property alarmed? Yes No

If yes, Company Name: _____

Alarm Company Telephone Number _____ - _____ - _____

Do you have any weapons on location? Yes No

If yes, what type? _____

Name of an emergency contact that lives nearby _____

Phone number of emergency contact Home # _____ - _____ - _____

Cell # _____ - _____ - _____

Date Cancelled _____ Time _____ By _____