**If your start or end date of absence changes, please notify the Police Department immediately so we can make changes to schedules to protect your home.**

|  |  |  |  |
| --- | --- | --- | --- |
| P**ART 1 – RESIDENT INFORMATION** | | | |
| Name: | | | |
| Street Address: | | | |
| City, State and Zip: | | | |
| Email Address: | | | Phone Number: |
| **PART 2 – EMERGENCY CONTACT INFORMATION Please provide at least one** | | | |
| Emergency Contact 1 Name: | | | Phone Number: |
| Emergency Contact 2 Name: | | | Phone Number: |
| **PART 3 – DATES OF VACATION / TYPE OF SERVICE** | | | |
| Date and time (a.m./p.m.) leaving:  Date and time (a.m./p.m.) of return: | | | |
| ☐ Officer to walk around home checking doors/windows ☐ Officer to drive-by only | | | |
| If any lights will be on, provide location(s) in/outside of home: | | | |
| Do you have a security alarm activated? ☐ Yes ☐ No | | | |
| **PART 4 – PERSON(S) ALLOWED ON PROPERTY** | | | |
| Name: | | Phone Number: | |
| Name: | | Phone Number: | |
| **PART 5 – TO BE COMPLETED BY THE POLICE DEPARTMENT** | | | |
| Date Received: | Incident No.: | | |
| Notes: | | | |