**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.**

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| 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:  |