

Vacation/House Security Check

Bushkill Township Police Department

Residence's Name

Residence's Address

Vacation Trip Dates:

Departure Date

to

Return Date

Key holder information

Is there a **Key Holder** or contact in case of emergency?

If yes, list name(s) and phone numbers

Alarm System

Are the premises protected by an **Alarm System**?

If yes, Name and number of the Alarm Company?

Residence Condition

Will there be **lights** left on in the house?

If yes, *which* room(s) will have lights on?

If yes, are **lights** on a timer?

If yes, what times are the timers set for?

Are there **pets** remaining in the residence?

If yes, what type of pets are in the residence?

Will there be any **"vehicles"** in the driveway?

if yes, what make, model and color?

Are any of the following deliveries stopped?

if other, please list:

Additional Comments

Today's Date

Telephone Number

(home)	(mobile)
(home)	(mobile)

Yes	No
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Key Holder Name(s)

Key Holder Phone No

Yes	No
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Alarm Co. Name

Alarm Co, Phone No

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Yes	No
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List Each Room in Residence

Yes	No
On	Off

Yes	No
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List Each Type of Pet in Residence

Yes	No
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Make & Model

Color

1		
2		
3		

Yes No N/A

Paper			
Mall			
Other			