EASTTOWN TOWNSHIP POLICE DEPARTMENT

HOUSE / VACATION CHECK

INFO REC'D BY:_____ DATE: _____

PROPERTY OWNER: _____

ADDRESS: _____ LEAVING: _____ RETURN: _____

KEY: ☐ YES ☐ NO CONTACT PERSON: _____

CONTACT ADDRESS & PHONE: _____

LIGHTS: ☐ YES ☐ NO IF TIMER, ON: _____ OFF: _____

PERSONS ALLOWED IN RESIDENCE: _____

_____

PERSON WORKING OUTSIDE: _____

_____

ADDITIONAL INFORMATION: _____

_____

DATE:	STATUS:	BADGE:

DATE:	STATUS:	BADGE: