

# LOWER SAUCON TOWNSHIP POLICE DEPARTMENT

## VACATION VIGILANCE FORM

**Note:** This form can also be used if the house is vacant due to home sale, death of family member, etc....

Date leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Location/Description of property: \_\_\_\_\_

\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ (\_\_\_\_)

Does this person have a key to the residence? Yes ? No ?

Are you using timers on your indoor/outdoor lights? Yes ? No ?

Location(s) and time(s) of lights on property: \_\_\_\_\_

\_\_\_\_\_

Vehicles left on property and in garage: \_\_\_\_\_

\_\_\_\_\_

Does your residence have an Alarm system? Yes ? No ?

Person to contact to reset alarm: \_\_\_\_\_ (\_\_\_\_)

Additional Information (i.e. neighbors feeding pets, lawn care.....) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_