

Plymouth City Police Department VACATION CHECK

Date Leaving: _____ Expected Return Date: _____

Name: _____ Phone: () _____

Address: _____

Type of Premises: Home () Garage () Town House () Apt. () Commercial ()

I request that the police make occasional checks of my property, listed above, for reasons of security during my absence. I will secure the premises when leaving and take whatever security measures at my disposal to cooperate in preventing a crime, fire or other incident from occurring. Below I have noted any conditions which will assist the police during these checks.

Will mail delivery be suspended? Yes () No () Newspaper delivery? Yes () No ()

Should there be anyone else physically checking your property? Yes () No ()

Name: _____ Key: Yes () No ()

Are there any animals on premises? (EXPLAIN) _____

Will there be any lights left on? Timers Motion All Time If YES, indicate times and location below

LOCATION: _____ TIME ON/TIME OFF: _____

LOCATION: _____ TIME ON/TIME OFF: _____

LOCATION: _____ TIME ON/TIME OFF: _____

LOCATION: _____ TIME ON/TIME OFF: _____

NOTE: HARMFUL "BOOBY TRAPS" ARE ILLEGAL AND PROHIBITED!!!

Should there be any vehicles at the premises? If Yes, please give description:

YEAR _____ MAKE _____ COLOR _____ LICENSE PLATE _____

YEAR _____ MAKE _____ COLOR _____ LICENSE PLATE _____

YEAR _____ MAKE _____ COLOR _____ LICENSE PLATE _____

Please list any additional information we should be aware of:

EMERGENCY INFORMATION in the event of a problem arising, please contact:

NAME: _____ PHONE: () _____ RELATIONSHIP: _____

NAME: _____ PHONE: () _____ RELATIONSHIP: _____

Please PRINT all information