CARNARVON TOWNSHIP POLICE DEPARTMENT VACATION/SECURITY CHECK

Name: _____ Address: _____

H.E.L.P. Zone # _____ House # _____ Phone: _____

Date Leaving: _____ Date Returning: _____

Destination: _____ Phone: _____

Person (s) Checking Property:

_____
(Name) (Phone)

_____
(Vehicle Description)

Lights on Timers: _____

Other Vehicles on Premises: _____

Stop Deliveries/Lawn Mowed or Sidewalk Shoveled: _____ Animals on Premises: _____

Fed/Watered by: _____

Notify Police Upon Return: _____ Date of Request: _____ Taken by: _____

DATE	TIME	CONDITION OF PREMISES	OFFICER