



Vacation/SECURITY CHECK

CAERNARVON TOWNSHIP POLICE DEPARTMENT

Please submit to: Caernarvon Township Police Department

3307 Main Street

P.O. Box 52

Morgantown, PA 19543

Or fax to: (610) 286-1002

Paul R. Stolz, Jr.
Chief of Police

NAME: _____

ADDRESS: _____ PHONE: _____

DESTINATION: _____

SCHEDULED: DATE OF DEPARTURE: _____ DATE OF RETURN: _____

SECURITY INFORMATION

TYPE OF PREMISES: RESIDENCE _____ BUSINESS _____ OTHER _____

HAVE THE KEYS BEEN LEFT WITH SOMEONE? YES _____ NO _____ OTHER _____

IF YES, NAME: _____

ADDRESS: _____ PHONE: _____

IS THIS PREMISES ALARMED? BURGLAR _____ FIRE _____ MOTION _____

NAME OF SECURITY CO.: _____ PHONE: _____

WILL ANYONE HAVE ACCESS TO THE PREMISES DURING YOUR ABSENCE? Yes _____ No _____

IF YES, NAMES: _____

IN CASE OF EMERGENCY, WHO SHOULD THE POLICE NOTIFY _____

ARE THERE ANY LIGHTS ON TIMERS, OR MOTION DETECTORS: IF SO, EXPLAIN:

OTHER VEHICLES ON PREMISES: _____

IS THERE ANYTHING ELSE THE POLICE SHOULD KNOW RELATIVE TO THIS SECURITY CHECK? _____

I REQUEST A CHECK BE MADE OF MY PREMISES AND I AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED: _____ DATE OF REQUEST: _____
