

LEWISTOWN POLICE DEPARTMENT VACATION CHECK REQUEST FORM

If you return early from your vacation please call 717-248-6716.

NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE: _____

_____ CELL PHONE: _____

DATE & TIME OF DEPARTURE: _____ DATE & TIME OF RETURN: _____

Notify our office if your departure or return times change.

LOCAL EMERGENCY CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____ DO THEY HAVE A KEY? YES NO

ANY PERSONS AUTHORIZED ON PROPERTY (PET CARE, LAWN CARE, CLEANING SERVICE, ETC.) YES NO
IF YES, PROVIDE COMPANY NAME/INDIVIDUAL NAME: _____

VEHICLES LEFT ON PROPERTY: (DO NOT INCLUDE VEHICLES LEFT IN GARAGE)

YEAR _____ MAKE _____ MODEL _____ COLOR _____ LIC# & STATE _____
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PLEASE CIRCLE YES OR NO TO THE FOLLOWING:

ALARM SYSTEM YES NO COMPANY NAME & PHONE: _____

BROKEN WINDOWS/SCREENS YES NO WHERE: _____

LIGHTS LEFT ON YES NO WHERE: _____

PETS IN YARD/IN HOME YES NO BREED: _____ HOW MANY: _____

PAPER/MAIL STOPPED YES NO

MEMBER OF NEIGHBORHOOD CRIME WATCH YES NO

ADDITIONAL INFORMATION: _____

FOR OFFICAL LPD USE ONLY:

ASSIGNED DR # _____

DATE	TIME CHECKED	OFFICER	DATE	TIME CHECKED	OFFICER

COMMENTS:
