

ROCKAWAY BOROUGH POLICE DEPARTMENT

33 Maple Avenue, Rockaway, N.J. 07866

REQUEST FOR VACANT HOME CHECK

STREET NAME & NO. _____

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____

PERSON REPORTING VACANCY & TODAY'S DATE: _____

SIGNATURE OF REPORTER: _____

VACANT FROM: _____ TO: _____

KEY AT: NAME: _____ ADDRESS: & PH. # _____

WHERE MAY WE CONTACT YOU IN THE EVENT OF AN ACTUAL EMERGENCY?

ADDRESS: _____ PHONE: _____

LIGHTS: _____ TIMER: _____ STEADY _____ NONE _____

CARS: MAKE: _____ MOD. _____ COLOR _____ PLATE# _____

MAKE: _____ MOD. _____ COLOR _____ PLATE# _____

ALARMS: _____ FIRE _____ BURGLAR _____ SMOKE _____

CENTRAL STATION: _____ PHONE NUMBER _____

ALARMS: _____ NONE

IS SOMEONE CARING FOR PETS IN YOUR HOME? YES _____ NO _____

NAME: _____ PHONE: _____

ARE ANY CONTRACTORS EXPECTED TO BE IN OR AROUND YOUR HOME IN YOUR ABSENCE?

COMPANY NAME: _____ PHONE _____

(If additional space is needed for contractor information, please attach an additional sheet)

ALL REQUESTS FOR VACANT HOME CHECKS MUST BE RETURNED TO POLICE H.Q. FACSIMILE COPIES WILL NOT BE ACCEPTED. YOU MAY ADVISE US OF YOUR RETURN BY THE PHONE. THANK YOU FOR YOUR COOPERATION IN THIS MATTER.