

PITTSBORO POLICE DEPARTMENT VACATION HOUSE CHECK REQUEST FORM

The Pittsboro Police Department will make every attempt to check on your residence while you are away. Please provide emergency contact information in the event of an emergency with your property.

DATE OF REQUEST:

OWNER INFORMATION

NAME OF OWNER:

STREET ADDRESS:

PHONE NUMBER:

DATE LEAVING:

DATE RETURNING:

VEHICLES LEFT ON PREMISES

| COLOR | YEAR | MAKE | LICENSE # |
|-------|------|------|-----------|
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LIGHTS: (ON/OFF OR LIST WHEN AUTOMATIC TIMERS GO ON AND OFF)

PROTECTED BY ALARM SYSTEM (IF YES, NAME AND TELEPHONE NUMBER OF ALARM COMPANY)

LOCATION AND TELEPHONE NUMBER WHERE OWNER CAN BE REACHED:

EMERGENCY CALL INFORMATION

The following person(s) are authorized to enter and will be looking after my property.

FIRST PERSON

NAME AND PHONE NUMBER:

SECOND PERSON

NAME AND PHONE NUMBER:

THIRD PERSON

NAME AND PHONE NUMBER:

NOTE: IN THE EVENT OF AN EMERGENCY, THE ABOVE PERSONS WILL BE CALLED IN ORDER