NORTH HANOVER TOWNSHIP POLICE

VACATION/SECURITY CHECK REQUEST "SAFEGUARDING YOUR ASSETS"

NAME:		ADDRESS:	_ PHONE	
DEPARTUR	E DATE:	RETURN DATE:		
DESTINATI	ON OF VACA	TION:	PHONE #	
TYPE OF PI	REMISES:	RESIDENCEBUSINESSOTH	ER	
HAVE THE	KEYS TO RES	SIDENCE OR BUSINESS BEEN LEFT WITH ANYONE? YE	S or NO	
IF YES, NA	AME:	ADDRESS:	PHONE #	
	ONE BE WORK NO	KING OR HAVE ACCESS TO THE PREMISES DURING YOU	R VACATION?	
IF YES, NA	MES OF PERSO	ONS PERMITTED TO BE AT PREMISES:		
I REQUEST		CY CONTACT: NAME:PHO SECURITY CHECK BE CONDUCTED OF MY PREMISES AND A N MY RETURN.		
SIGNED:		DATE OF REQUEST:		
		OFFICER'S SECURITY CHECK REPORT	RT	
DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	INCIDENT #	OFFICER'S INITIALS

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	INCIDENT #	OFFICER'S INTIALS

^{*}IF PERMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY ARE PRESENT, STATE THAT YOU ENTERED AND CHECKED THE PREMISE. IF ANY EVIDENCE OF VANDALISM OR THEFT ARE FOUND, MAKE A SEPARATE REPORT/INVESTIGATION.