BRIDGEVILLE POLICE DEPARTMENT VACATION / SECURITY CHECK

Please submit completed form to: gjames@bridgevillepd.com

Name: _____ Phone: _____

Address: _____

Departure Date: _____ Return Date: _____

Emergency Contact: _____

Who Will Have Access to Premises: _____

Alarm System: Y / N Alarm Company: _____

Mail and Newspaper Stopped: Y / N

Will Lights Be Left On: Y / N If So Where: _____

Vehicles in Driveway: _____

Other Important Information: _____

_____

I request a check of my premises, and I AGREE TO NOTIFY YOU OF MY RETURN.

Signed: _____ Date: _____

Officers Check of Premises

Date	Time	Notes / Comments	Officer