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: Yes ☐ No ☐ Alarm Company: _____

Mail and Newspaper Stopped: Yes ☐ No ☐

Will Lights be Left on: Yes ☐ No ☐ If so where: _____

Number and Description of 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