VACATION SECURITY CHECK Incident#_____-_____

Name: _____ **Telephone:** _____ _____ _____

Address: _____

Vacation Address: _____

Emergency Contact: _____ T**elephone:** _____ _____ _____

Address: _____

Lights On? *YES* □ *NO* □, **If yes, Where:** _____

Persons Around the House: _____

***Leaving:** ____/____/_____ **Returning:** _____/_____/_____ **Call on Return?** *YES* □ *NO* □

*If your plans change and you return early from vacation, please notify NCPD Immediately so that unanticipated activity at your residence is not viewed as unauthorized and suspicious.

Date			Time	Remarks

Residents may fax this form to 610/326-2925