PLEASE RETURN THE COMPLETED FORM TO THE POLICE DESK



Maywood Police Department

Chief Terence Kenny 15 Park Avenue, Maywood, New Jersey 07607 Headquarters 201-845-8800 Facsimile 201-845-0304

www.maywoodpd.org

VACANT HOUSE CHECK REQUEST FORM RESIDENT INFORMATION

	_		
NAME:			
ADDRESS:			
		WILL WE BE ABLE TO CO	ONTACT YOU VIA PHONE?
PHONE:		YES 🗆	NO \square
DATE LEAVING:	//	RETURNING:/_	/
PR	IMARY EMERGENCY	CONTACT INFORM	MATION
NAME:			
ADDRESS:			
		HAS KEY TO TH	HE RESIDENCE
PHONE:		YES 🗆	NO \square
SEC	ONDARY EMERGENC	Y CONTACT INFOR	RMATION
NAME:			
ADDRESS:			
		HAS KEY TO TH	E RESIDENCE
PHONE:		YES 🗆	NO \square
ARE THERE VEH	ICLES LEFT IN THE DRIVE	EWAY? IF SO, LIST INFO	ORMATION BELOW:
ARE THERE ANY	LIGHTS ON A TIMER IN R	ESIDENCE? IF SO, LIS	T LOCATION BELOW
ALARM COMPAN	Y INFO:		
FIRE D BURGLA	$\overline{}$	IPANY NAME	CONTACT NUMBER

 FOR PD USE ONLY
 ENTERED IN CAD:
 DATE ____ / ____ BADGE _____