West Vincent Township Police Department

729 St. Matthews Road, Chester Springs, PA 19425
Phone 610-458-3205 Fax 610-458-3206
Emergency – Dial 9 1 1

Resident Vacation Notice
(Please Print)

Date Leaving _____(AM/PM)____ Date Returning _____(AM/PM)____

Homeowner's Name _____

Address _____

_____

Emergency Contact's Name_____

Address _____

Phone # _____

Type of House Check Requested:
Officer to Walk Around Home Checking Doors/Windows _____
Officer to Do Drive-By Checks Only _____

Lights On? ___Yes (Where?) **_____**
___No

Security Alarm? ___Yes ___ No

Persons Allowed on Property (Name)_____

(Address)_____

(Phone #) _____

Additional Notes: _____

_____

If your plans change and you return early or extend your absence, please notify the West Vincent Police Department immediately.

Please fax or mail this form to the Police Department.

Police Department Use Only Date Received _____ Incident #_____
Notes _____
_____