

**CARROLL TOWNSHIP POLICE DEPARTMENT
REQUEST FOR VACATION/SECURITY CHECK**

INCIDENT NUMBER _____
(For police department use only)

CODE 50 NUMBER _____
(For police department use only)

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Municipality: _____ Cell Phone: _____

Date Submitted: _____ Departure Date: _____ Return Date: _____

Destination and phone number if known: _____

Premises: Residence? Business? Other? (Describe) _____

Intrusion/Burglar Alarm? Yes No Audible? Yes No

Access to Property? Yes No Access by Individual? or Alarm Co.?

Name/Address/Phone Number(s) of those with access:

Vehicle(s) on or in premises while you are away? Yes No

Year _____ Make _____ Model _____ Tag Number _____

Year _____ Make _____ Model _____ Tag Number _____

Lights on Timers? Yes No Location/times of lighting controlled by timers:

Record of Checks: _____

Please contact York County Control **IMMEDIATELY** upon your return home by dialing either 911 or 766-0249. Your information WILL NOT BE broadcast to our officers over the police radio.