



COLLIER TOWNSHIP POLICE DEPARTMENT
VACATION NOTIFICATION FORM



NAME: _____

DEPARTURE DATE: _____

ADDRESS: _____

RETURN DATE: _____

ALARM SYSTEM: YES _____ NO _____

DESTINATION ADDRESS: _____

DESTINATION PHONE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE: _____

ADDITIONAL CONTACTS WITH ACCESS TO HOUSE : _____

MOTOR VEHICLES: _____

YEAR: _____ COLOR: _____

MAKE: _____ LICENSE: _____

MODEL: _____

LOCATION OF LIGHTS IN HOME: _____

WERE DELIVERIES STOPPED/HELD ? YES _____ NO _____
(MAIL, NEWSPAPER, ETC.)

ADDITIONAL INFORMATION: _____

