



# Borough of Conshohocken Police Department

CHIEF OF POLICE  
David Lennon

400 Fayette Street Suite 100  
Conshohocken, PA 19428  
TEL: 610-828-4032 FAX: 610-828-5243

## Vacation Notice

### HOMEOWNER INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

VACATION DATES START: \_\_\_\_\_ END: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

### EMERGENCY CONTACT (OTHER THAN HOMEOWNER)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BURGLER ALARM:**  YES  NO      **FIRE ALARM:**  YES  NO

ALARM COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CAMERA SYSTEM:**  YES  NO LOCATION(S): \_\_\_\_\_

**LIGHTS ON CONTROLLED TIMERS:**  YES  NO TIME FOR LIGHTS \_\_\_\_\_ UNTIL \_\_\_\_\_

LOCATION OF LIGHTS: \_\_\_\_\_

LIST THE NAMES OF ANYONE PERMITTED TO HAVE ACCESS TO THE PROPERTY WHILE AWAY:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ have requested **The Conshohocken Police Department** make security checks on the premises listed above. I understand that this check will only be made if the work load permits and I will, in no way, hold **The Conshohocken Police Department** responsible for any reason. I also understand that this check will only be made for unoccupied residences for a period not to exceed 10 days. It is also understood that this check will only be made once in a six (6) hour period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_