

VACANT HOUSE CHECK PROGRAM

Resident Name: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Descriptive information of home & location: _____

Person to contact in case of emergency: Name: _____

Phone: _____

Date leaving: _____ Date return: _____

Will anyone be at or checking house during these dates?: Yes ___ No ___

If yes, list name: _____ Phone: _____

Remarks: _____

Note: Upon completion fax or return to:

HARDING TOWNSHIP POLICE DEPARTMENT
P.O. Box 246
NEW VERNON, NEW JERSEY 07976

FAX # - 973-455-1135