

BREWSTER POLICE DEPARTMENT
VACATION/SECURITY FORM

Your name: _____

Name of Business (if applicable) _____

Address: _____

Home Phone #: (____)-____-____ Cell Phone #:(____)-____-____

Contact E-Mail Address (optional): _____

Does the location have an alarm system? Yes ___ NO ___

Alarm system company (optional): _____

Alarm system phone number (optional): (____)-____-____

Departure Date: ___/___/___ Departure Time: ___:___ AM/PM

Return Date: ___/___/___ Return Time: ___:___ AM/PM

Any cars left in the driveway? (description if so): _____

Any lights left on inside or outside? (location and timers if so): _____

Paper and mail being held? Yes ___ No ___

Any animals left in the residence? Yes ___ No ___

Any visitors at the residence? (vehicle make/color and nature of visit): _____

Keyholder # 1:

Name: _____ Relationship: _____

Phone # 1: (____)-____-____ Phone # 2: (____)-____-____

Keyholder # 2:

Name: _____ Relationship: _____

Phone # 1: (____)-____-____ Phone # 2: (____)-____-____

I request a security check be made of my premises and agree to notify the Brewster Police Department upon my return.

Signed: _____ Date of request: ___/___/___