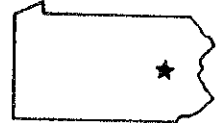




BOROUGH OF LEHIGHTON POLICE DEPARTMENT

MUNICIPAL BUILDING
124 South Third Street
Lehigh Township, Pennsylvania 18235
Phone: 610-377-4003
Fax: 610-377-0266



OFFICE OF THE CHIEF OF POLICE

NOTICE OF HOME VACATION FORM

Date of Departure _____ Date of Return or Approx. _____

Owner:

In case of emergency notify:

Resident's Name _____ Name _____

Resident's Address _____ Address _____

Lehigh Township, PA 18235

Resident's Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Timer Lights (check one): YES ☐ NO ☐ Lights on: _____ Lights off: _____

KEYS LEFT WITH:

Name	Address	Phone
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SPECIAL INSTRUCTIONS _____

Date _____ Time _____ Desk Officer _____

*****Disclosure*****

The undersigned hereby notifies the Lehigh Township Police Department that the home listed above will be vacated for a short period of time. If the police, while on routine patrol, notice anything they believe to be unusual or out of the ordinary, we ask you to contact the emergency individual listed above. We understand the Police Department is not a private security force and is not assuming any obligation to visit the residence or insure the safety of its contents.

Resident's Signature _____ Date _____