LANSDOWNE POLICE DEPARTMENT
VACATION HOUSE CHECK

DATE/TIME of DEPARTURE_____ **DATE/TIME of RETURN**_____
(Notify us immediately if departure or return times change**) 60 DAYS IS THE MAXIMUM ALLOWED**

NAME_____PHONE_____

ADDRESS_____ Email_____

LOCAL EMERGENCY CONTACT: You **must** designate a local contact person.
DAYTIME
NAME_____ PHONE_____

ADDRESS_____ DO THEY HAVE KEY? _____

VEHICLES LEFT ON PROPERTY: **(DO NOT INCLUDE VEHICLES IN GARAGE)**

Year_____Make_____Model_____Color_____Lic# & State_____

Year_____Make_____Model_____Color_____Lic# & State_____

ALARMS
Premise Alarm _____Yes? _____NO? Alarm Company and Telephone Number_____

PERSONS AUTHORIZED ON PROPERTY: (Lawn/pet care, etc.)
Name_____Name_____
Name_____Name_____

HOUSE SITTER INFORMATION
Name_____ _
Hours & Dates House Sitter will be present_____

YES NO
_____ _____ Rear yard secured?

_____ _____ Mail stopped?

_____ _____ Newspaper stopped?

_____ _____ Broken Windows or screens? Where? _____

_____ _____ Pets on premises? What Type? _____ How Many_____

ADDITIONAL INFORMATION: _____
_____
_____

I understand that Vacation House Checks will be performed as time permits. The signature on this form releases the Lansdowne Police Department of all liability for loss of property or damage occurring during this time period.

INFORMATION GIVEN BY_____DATE_____TIME_____

MAIL TO: Lansdowne Police Department, 12 E. Baltimore Ave. Lansdowne, PA 19050.
Attn: Vacation House Check

VacForm 11/24 Form must be received 48 hrs. prior to departure