FLORENCE TOWNSHIP POLICE

VACATION PROPERTY CHECK REQUEST

Requested by:_____

Address:_____

Telephone #:(____)_____

Date and Time Property will be vacant from:_____

Date and Time Property will be vacant until:_____

Miscellaneous information

Will anyone be entering property? Yes / No

If so Provide details:_____

_____

Will there be any vehicles left at the property? Yes / No

Make:_____

Model:_____

Registration:_____

Will there be lights left on? Alarms? TV's? Radios? Timers?

If so provide details:_____

_____

Emergency Contact Information for Owner:

Location where owner/resident can be reached:_____

_____

Phone # / Cell phone:_____

Local Emergency Contact Information for Property

Name:_____

Address:_____

Phone / Cell phone #:_____