



COLLIER TOWNSHIP POLICE DEPARTMENT

VACATION NOTIFICATION FORM



NAME: _____

DEPARTURE DATE: _____

ADDRESS: _____

RETURN DATE: _____

ALARM SYSTEM: YES ____ NO ____

DESTINATION ADDRESS: _____

DESTINATION PHONE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE: _____

ADDITIONAL CONTACTS WITH ACCESS TO HOUSE : _____

MOTOR VEHICLES:

YEAR: _____

COLOR: _____

MAKE: _____

LICENSE: _____

MODEL: _____

LOCATION OF LIGHTS IN HOME: _____

WERE DELIVERIES STOPPED/HELD ? YES ____ NO ____
(MAIL, NEWSPAPER, ETC..)

ADDITIONAL INFORMATION: _____
