

Southwick Police Department

Notice of Vacancy

Address: _____ Name: _____

Request Made By: _____ Phone: _____

Type of Premises: Business: _____ Residence: _____ Other: _____

Protected by Alarm System: Yes _____ No _____

If yes, Type of Alarm: _____

Lights On: Yes _____ No _____ Constant: Yes _____ No _____ Automatic: Yes _____ No _____

Keys left with anyone? Yes _____ No _____

If yes, Name: _____ Address: _____

Phone: _____

Other Persons that will have access to Premises (Relatives, Neighbors, etc.)

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

In case of an emergency, do you wish to be notified by collect call? Yes _____ No _____

c/o Name: _____ Address: _____

Phone: _____

Departure Date: _____ Return Date: _____

Signature: _____ Date: _____