



Eastern Adams Regional Police Department

Vacation House Check Request

Name of Requestor: _____

Address: _____

Phone #: _____

Address to be checked: _____

Departing Date: _____ Time: _____

Returning Date: _____ Time: _____

Destination Address (Hotel, Room #, etc...): _____

Details of Residence to be Checked (i.e.: Vehicles on Premises, Lights Left on, Pets, Alarms, etc...):

Emergency Contact or Person Checking Residence (Name, Address, Phone#, Description of Vehicle):

Other Persons allowed on Premises (Name and Address):

Any Past History of Suspicious Activity? _____

Other Details or Pertinent Information:

