

**HONEY BROOK BOROUGH  
POLICE DEPARTMENT**

*OFFICE OF THE CHIEF*

*Chief Patrick J. Ely*

Honey Brook, Pennsylvania 19344

Fax: 610-273-2701

**RESIDENT VACATION NOTICE**

Date of Request: \_\_\_\_\_

Request made by: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Reason for extra patrol: \_\_\_\_\_

Type of Premises (check one): Business \_\_\_\_\_ Residence \_\_\_\_\_

Protected by Alarm System (check one): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of alarm \_\_\_\_\_

Lights left on? Yes \_\_\_\_\_ No \_\_\_\_\_ Constant? Yes \_\_\_\_\_ No \_\_\_\_\_

Lights on automatic timers? Yes \_\_\_\_\_ No \_\_\_\_\_

Timer ON Time \_\_\_\_\_ Timer OFF Time \_\_\_\_\_

Keys Left With:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Persons that will have access to the premises:

\_\_\_\_\_

In case of emergency do you wish to be notified by collect call?

Yes \_\_\_\_\_ No \_\_\_\_\_

c/o Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Please return this form to the Honey Brook Borough Police Department

