



# Charlestown Police Department

CITY OF CHARLESTOWN

703 Main Street, Charlestown, Indiana 47111 (812) 256-6345

## Vacation House Check Request Form

(see instructions below for submitting when completed)



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

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

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

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Probable Route of Travel: \_\_\_\_\_

Have keys, to the above premises, been left to anyone? (check one) YES  NO

If Yes, Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will anyone be working or have access to the above premises? (check one) YES  NO

If Yes, list names/company: \_\_\_\_\_

In case of emergency, do you wish to be notified by collect call? (check one) YES  NO

If yes, call c/o: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*I hereby request a physical security check be made of the above listed premises and agree to notify the Charlestown Police Department upon return.*

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

**NOTE:** Security Checks of the above premises shall be logged within the Department Operating Database when performed. Documentation of the security checks will be made available to the above contact person upon return.

**SUBMISSION:** This completed form can be hand delivered to the lobby of the Charlestown Police Department (use the lobby mail slot if after regular business hours), faxed to CHPD at 812-256-7300, or emailed to online@ctownpd.com.

**\*\* BELOW SECTION COMPLETED BY CHARLESTOWN POLICE DEPARTMENT REPRESENTATIVE \*\***

|                             |               |
|-----------------------------|---------------|
| Received & Reviewed by:     | Date:         |
| Date Patrol Notified:       | Notified by:  |
| Return Report Delivered on: | Completed by: |