



Borough of Quakertown  
Police Department

Vacation Home Protection Service

Date of Departure:

Expected Date of Return:

Resident Name:

Resident Address:

Resident Phone:

In Case of Emergency Notify the following: Name:  
Address:  
Phone:  
Alt. Phone:

Lights On:

Lights Off:

Alarm System: Yes                      No

Keys left with: Name:  
Address:  
Phone:  
Alt. Phone

Special Instructions