



# VACATION CHECK/SECURITY NOTICE

For Residents/Businesses of Upper Pottsgrove Township Courtesy  
of the Upper Pottsgrove Police Department

Please complete form and return to:  
Upper Pottsgrove Township Police Department  
1420 Heather Place, Pottstown, PA 19464  
Fax: 610-326-8337 | Email: [sklinger@uptpd.org](mailto:sklinger@uptpd.org) | Phone: 610-326-8446

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE # WHERE YOU WILL BE STAYING: \_\_\_\_\_

DEPARTURE DAY/DATE: \_\_\_\_\_ a.m | p.m RETURN DAY/DATE: \_\_\_\_\_ a.m | p.m.

PREMISES TYPE:  RESIDENCE  BUSINESS

DESCRIPTION OF RESIDENCE/BUSINESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

KEYS LEFT WITH ANYONE?  YES  NO

NAMES, RELATIONSHIP, AND PHONE NO. OF KEYHOLDERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIGHTS LEFT ON?  YES  NO TIMER: \_\_\_\_\_

ALARM/MOTION LIGHTS: \_\_\_\_\_

ADDITIONAL INFORMATION (Cars left in driveway | Pets | Person(s) authorized to be on property, etc.):

\_\_\_\_\_  
\_\_\_\_\_

I REQUEST SECURITY CHECKS AND AGREE TO NOTIFY POLICE UPON MY RETURN.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_