BOONTON TOWNSHIP POLICE DEPARTMENT
CLOSED HOUSE

ADDRESS _____ NAME _____ PHONE _____

DEPARTURE DATE _____ RETURN DATE _____

FINAL DESTINATION _____ PHONE NUMBER _____

TYPE PREMISES: RESIDENCE ☐ BUSINESS ☐ OTHER ☐ _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES ☐ NO ☐

IF YES, NAME _____ ADDRESS _____ PHONE _____

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE? YES ☐ NO ☐

IF YES, NAMES _____

_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES ☐ NO ☐

C/O NAME _____ ADDRESS _____ PHONE # _____

I AUTHORIZE THE BOONTON TOWNSHIP POLICE DEPARTMENT TO MAKE PERIODICAL INSPECTIONS OF THE HOME LISTED ABOVE TO INSURE IT IS SECURE. IF THE HOME IS FOUND OPEN, THE POLICE HAVE MY PERMISSION TO ENTER AND CHECK THE HOUSE. IT WILL BE MY RESPONSIBILITY TO INSURE I HAVE SOMEONE AVAILABLE TO SECURE THE HOUSE IF IT IS FOUND OPEN. IF WE ARE UNABLE TO CONTACT THAT PERSON, THE HOME WILL BE LEFT UNSECURED, OR SPECIFIY INSTRUCTIONS BELOW AND I AGREE TO NOTIFY YOU OF MY RETURN.

SIGNED _____ DATE OF REQUEST _____

OFFICER'S SECURITY CHECK REPORT

DATE	TIME	STATE IF PREMISES WERE SECURE OR OTHER*	OFFICER'S INITIALS

*IF PREMISES WERE UNSECURE OR EVIDENCE OF FORCED ENTRY PRESENT STATE IF YOU ENTERED AND CHECKED PREMISES. IF YOU FOUND ANY EVIDENCE OF VANDALISM OR, THEFT MAKE SEPARATE REPORT.

PLEASE USE REVERSE SIDE FOR ADDITIONAL COMMENTS.