



Bloomfield Township Police Department



Vacation House Watch

Please Complete and Email to CRO@BloomfieldTwp.org

RESIDENCE INFORMATION

Address _____ Home Owner's Name _____

Date Leaving _____ Date Returning _____ Phone Numbers _____

Email Address _____ Traveling out of Country? Yes No

Cars left in Garage or Driveway? Make/Model/Garage or Driveway

Lights on Timers? Yes No Inside outside Rear of the House Front of the House
Upstairs Downstairs

EMERGENCY CONTACTS:

Name _____ Address _____ Has key to residence? Yes No

Home Phone _____ Cell Phone _____

Vehicle Make _____ Vehicle Model _____ Vehicle Color _____

ALARM INFORMATION

Burglar Alarm? Yes No Fire Alarm? Yes No Alarm Company _____

Alarm Company Phone Number _____

ADDITIONAL INFORMATION

Will anyone be around the residence while you are gone? i.e. housekeepers, landscapers, snow removal, family or friends checking on the residence? Please provide any relevant information.

OFFICE USE ONLY:

Section Number _____