



UPPER UWCHLAN TOWNSHIP
POLICE DEPARTMENT

VACATION NOTICE INFORMATION

Date of Request: _____ / _____ / _____ Submitted By: Email Mail Fax In Person

Name: _____

Company: _____

Address: _____

City, State, Zip, County (Required) _____

Telephone (Optional) #: _____

Email Address: _____

Date Leaving: _____ Date Returning: _____

Emergency Contact # 1: _____

Emergency Contact # 1 Phone # : _____

Emergency Contact # 2: _____

Emergency Contact # 2 Phone # : _____

Upstairs Timer: Y/N Downstairs Timer: Y/N

Cars to be in Driveway: _____

Misc. Info: _____

For Police Department Use

Date Rec'd: _____ By: _____

Added to Alert: _____ By: _____