



UPPER UWCHLAN TOWNSHIP  
POLICE DEPARTMENT

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## 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: \_\_\_\_\_