

Cheswold Police Department Vacation Check Request Form

(21 day maximum)

If you live within the Town of Cheswold, and would like to have vacation checks performed on your residence, please complete this form and submit it to the Cheswold Police Department. Twenty-one days is the maximum allowed time for a vacation check. You must notify the department immediately if departure or return times change.

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Print Name(s):			Date of Request:	
Home Phone:		Email:		
Residence Address:				
Date and time when house will be	vacant: Date/Time Les	aving:		
	Date/Time Re	turning:		
Location and phone where you ar	e staying or cell phone #:			
Describe vehicles or property left	outdoors while on vacation	on:		
License Plate No.:	Make:		Model:	
Year: (
Teur				
License Plate No.:	Make:		Model:	
Year:	Color:			
License Plate No.:	Make:		Model:	
NAME OF THE OWNER O				
Year:	Color:			
Other property:				
Cheswold Police Department Vac	ation Check Request Forr	n	PD#0010	1
	For official	use only:		7
C1 1 11				
Checked by:	Date/Time:		Incident No:	
Checked by:	Date/Time:		Incident No:	
Checked by:	Date/Time:		Incident No:	
Checked by:	Date/Time:		Incident No:	
Checked by:	Date/Time:		Incident No:	

Do you have an alarm system? Yes No If	monitored, name and phone for alarm company:				
Is your alarm system monitored? Yes No					
Do you have any broken doors or windows? Yes	No Do you have any torn screens? ☐ Yes ☐ No				
Are there any indoor/outdoor lights to be left on? Yes No					
Where are they located?					
Do you have timers on any indoor/outdoor lights? Yes No					
Where are they located and when do they turn on and off?					
Will you stop your mail and newspaper delivery? Yes No					
If not, is someone collecting them for you? Yes No					
(Please note this is not a service the Cheswold Police Department will provide, but is highly recommended.)					
Are there any pets in the house or yard? Yes N	If yes, type of pet and person caring for them?				
The following person(s) are authorized to enter the property or in case of emergency contact:					
Name(s):	Phone Number:				
Address:					
Does the above named party have a key to the property? Yes No					
Any additional information:					
The undersigned does hereby grant and request that the Cheswold Police Department visually check the property listed above, which may include access to the yard. The undersigned does hereby agree to hold harmless the Town of Cheswold, its employees and agents for any claim for personal injury, loss or damage to property that					
may be suffered by the undersigned, through any action or lack thereof, by a representative of the Town of Cheswold. Further, the undersigned understands and agrees that this is a voluntary, free service and does not					
create a special duty upon the Town and will be provided only as time and personnel are available and no guarantee is made nor assurance given against loss, theft or damage to premises.					
Signature of Homeowner/Renter	Date				

Form must be received 72 hours prior to departure. Vacation checks will be performed as time allows.

Mail to: Cheswold Police Department Attn: Chief Chris Workman Post Office Box 220 Cheswold, DE 19936

Fax: 302-734-1355