

BEAVERCREEK POLICE DEPARTMENT
VACATION HOUSE REGISTRATION FORM

Date _____
Name _____ Primary phone _____
Address _____ Secondary phone _____
Start Date _____ End Date _____

EMERGENCY CONTACT INFORMATION

Name _____ 1st Phone # _____ 2nd Phone # _____
Name _____ 1st Phone # _____ 2nd Phone # _____
Name _____ 1st Phone # _____ 2nd Phone # _____

Any vehicles left in the driveway? If so, please provide descriptions (make, color, license, etc.):

Will anyone be stopping by to pick up papers, mail, water the plants? If so, provide names:

Will you be leaving any lights on inside or outside? _____

Do you have a burglar alarm? YES NO If yes, alarm company name _____

Do you have any service people or companies who will be at your residence? If so, when?

Any other information you would like to provide (i.e., animals on premises)?

REQUEST FOR EXTRA PATROL BY POLICE DEPARTMENT EMPLOYEES: YES NO

We will automatically take your residence off our vacation house registration on the End Date listed. In the event this date changes, please contact our Communications Center at (937) 426-1225 so we can note the adjustment.

Received by _____ Date _____ COPP receipt _____

O-12-004