

West Bloomfield Police Department – Residential Vacation Request

Address: _____
Section – Quadrant (to be completed by the Police Department) _____

Name: _____

Home Phone: _____ Emergency Phone/Cell: _____

Date Leaving: ____/____/____ **Date Returning:** ____/____/____

Alarm Company: _____ Phone: _____
Type of Alarm: _____

Contact Person with Keys and Alarm Code to your residence:
Name: _____
Address: _____ Phone: _____

Lights on Timer? Yes No
Have you advised your neighbors of your plans? Yes No
Rooms with timers and approximate times of activation: _____

Vehicles remaining at your residence: Yes No
License Plate Number: _____ Make _____ Model _____ Color _____
License Plate Number: _____ Make _____ Model _____ Color _____

Will anyone be visiting the residence to spot check or pet sit in your absence: Yes No
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Additional Information: _____

This form can be provided to the Police Department by Dropping Off at the Front Desk, Mailed to the Police Department at 4530 Walnut Lake Road, P.O. Box 250188, West Bloomfield, MI 48325 or Faxed to 248-682-1811.