



Cumberland Metropolitan Police Department

Citizen Vacation & Business Check Form



INFORMATION ABOUT YOU, YOUR HOME/BUSINESS, AND YOUR VEHICLES

Name: _____
Last First MI

Address: _____ Subdivision: _____

Home/Business Phone Number: _____

Email Address: _____

Cell Phone Number: _____

Business Name: _____

What date are you leaving? _____

What date are you returning? _____

Number of vehicles that will be parked at the home/business: _____

Vehicle 1: _____ License Number: _____

Make, Model, Color, & Year Number and State

Located in: Garage Driveway Street Business Parking Lot

Vehicle 2: _____ License Number: _____

Make, Model, Color, & Year Number and State

Located in: Garage Driveway Street Business Parking Lot

Where will you be staying? _____

Name Address State, City Zip

Phone Number: (____) _____ Alternative Phone: (____) _____

LOCAL CONTACT(S)

Caretaker's Name: _____ Phone Number: (____) _____

Additional Name: _____ Phone Number: (____) _____

SPECIAL CONDITIONS

Do you have an alarm system? _____

If yes, please provide the alarm company's name and phone number. _____

Will someone be picking up your mail and/or newspapers? Yes No

Are there lights on in your home/business at night? Yes No

Additional Information: _____

*Vacation and Business Check Forms are kept internal with the Police Department and are not for public access. Your information will not be shared publically in any way.

April 3, 2020