Fax, deliver or mail to MTPD, 5900 McPicken Drive, Milford, Ohio 45150 72 hours in advance of departure. If notice is less than 72 hours please see us in person.

MIAMI TOWNSHIP POLICE DEPARTMENT Zone _____

Office 513-248-3721 513-248-3720 Fax

MAIM
POLICE
- OHIO
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		VACATION HOUS	SE CHECK	CHUT
Name			Ph	
Address			Zip	
Email (o	ptional)			
Alarm?	Yes No	o Company Name	Ph	
Who will	have key	and alarm code?		
Lights or	n? Yes	No Times		
If Yes, lo	ocations?_			
Persons	authorize	d to be on premises?		
Name _		Address	Ph _	
Name _		Address	Ph _	
Name _		Address	Ph _	
Dog on _I	premises?	Yes No Will dog have acc	cess to the exterior? Yes	No
Vehicles	in drivewa	ay/garage?		
In case	of emerge	ncy, do you want to be called? Yes_	_ No Ph	
action the Miami To agree to	ey deem ne	sidence be checked while I am away on To I hereby authorize Miccessary for the protection of my propert ice Department nor Miami Township Truliami Township Police Department wher	ami Township Police Departy y during my absence. Furth ustees liable for any action to	tment to take any er, I do not hold aken. Finally, I
Signed_	igned Date of request			
	Officer's Security Check Log			
Date	Time	Comment	S	Badge
VHC 2008		<u> </u>		