

# Riverton Police Department

501 FIFTH STREET  
RIVERTON, NEW JERSEY 08077

JOHN B. SHAW, JR.  
CHIEF OF POLICE

(856) 829-1212  
FAX: (856) 829-1412

## Vacation Watch Form / Vacant Building or Residence

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Please Check One:  Duration is shorter than 3 weeks  Duration is over 3 weeks

Homeowner's Name: \_\_\_\_\_ Homeowner's Address: \_\_\_\_\_

Telephone Number (home): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Number where you can be reached: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

### Persons authorized to be on premises during your absence:

Name: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Homeowner's Destination: \_\_\_\_\_

Any Lights/Timers On?: \_\_\_\_\_ Weapons in Residence (explain) \_\_\_\_\_

1. Vehicle Left Home: Make: \_\_\_\_\_ Year/Model/Color: \_\_\_\_\_ Registration: \_\_\_\_\_ State: \_\_\_\_\_

2. Vehicle Left Home: Make: \_\_\_\_\_ Year/Model/Color: \_\_\_\_\_ Registration: \_\_\_\_\_ State: \_\_\_\_\_

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### Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Vehicle: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Misc Comments: \_\_\_\_\_

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Submission of this document does not indicate a contractual agreement, express or implied, between the premise owner and the Riverton Police Department, its agents or the Borough or Riverton and its agents. You are strongly urged to take prudent steps to assure your property is suitably protected during your absence.*