



Donna A. Higbee
Chief of Police

TOWNSHIP OF GALLOWAY POLICE DEPARTMENT

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REQUEST FOR PROPERTY CHECK

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

DEPARTURE DATE: _____ RETURN DATE: _____
(mm/dd/yyyy) (mm/dd/yyyy)

TYPE OF PREMISE: RESIDENCE: _____ BUSINESS: _____ OTHER: _____

HAVE KEYS BEEN LEFT WITH ANYONE? YES: _____ NO: _____

PHONE NUMBER: _____

WILL ANYONE HAVE ACCESS TO PREMISE DURING YOUR ABSENCE?

YES: _____ NO: _____ NAME: _____

ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

WILL THERE BE ANY VEHICLES PARKED ON THE PREMISES:

YES: _____ NO: _____ IF YES, VEHICLE MAKE(s), MODEL(s) AND PLATE #'(s):

WILL THERE BE ANY LIGHTS ON IN THE PREMISES? YES: _____ NO: _____

IF YES, WHERE? _____ IS THERE A TIMER? YES: _____ NO: _____

IF YES, WHAT TIME IS IT SET FOR: ON TIME: _____ OFF TIME: _____
(hh:mm am/pm) (hh:mm am/pm)

SIGNED: _____ DATE: _____
(mm/dd/yyyy)