

**Town of New Castle Police Department  
Request for Vacant House Check**

Completed form can be dropped of at the Police Department or mailed to:  
New Castle Police Department, 200 South Greeley Avenue, Chappaqua, NY 10514

**Homeowner Information**

Street:	Town:	Zip:
Last Name:	First Name:	MI:
Home Phone:	Cell phone:	

Date Vacating:	Date Returning	<input type="checkbox"/> Light left on <input type="checkbox"/> Lights on timer <input type="checkbox"/> Alarm system
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Emergency Contact Name:

Emergency Contact Phone:

Names of any persons who will be working at or have access to residence during your absence:

Any Additional Information:

I understand that by receipt of this form the Town of New Castle and its Police Department cannot guarantee that Police Department personnel will check, patrol, or otherwise investigate my residence during my absence. I request that a security check be made of my residence, and agree to notify the police department of my return.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Below this line is for Police Department use**

Event Number	
Post	<input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Cent <input type="checkbox"/> Vill
Vacant Module Entered	By: _____ Date/Time: _____