

Denville Township Police Department

Look Out Request

Street Address: _____

Name of Resident: _____

Person Requesting Look-Out: _____

Phone Number: _____

Vacant From: _____ **To:** _____

To be completed by Dispatcher

Look Out #: _____ District: _____

Taken by: _____

Date: _____

Entered CAD: _____

Removed CAD: _____

Emergency Contact Information for Resident:

(Address and telephone number where you can be reached while you're away.)

Address: _____ Telephone #: _____

Emergency Contact Information for Key Holder:

Name: _____ Telephone #: _____

Address: _____

Special Considerations:

Any lights left on in the house? No Yes/Steady Yes/Timers

Any cars left in the driveway? No Yes (If "yes", complete the following)

Year: _____ Make: _____ Model: _____ Color: _____ Lic. Plate: _____

Year: _____ Make: _____ Model: _____ Color: _____ Lic. Plate: _____

Is your home equipped with an alarm system? No Yes/Burglar Yes/Fire

If "yes, Alarm Company Name: _____ Telephone #: _____

Will there be any contractors working at your home?

No Yes (If "yes", provide more specific information below)

Will there be anyone caring for your pets (at your home)?

No Yes (If "yes", provide more specific information below)

Additional Comments:

Completed form may be printed or saved. You can submit the form to us by e-mail, fax, regular mail or in person.

e-mail: desk@denvillepolice.org fax: 973-627-1192 address: 1 St. Mary's Place, Denville, NJ 07834