



To: Clayton Police Department

From: \_\_\_\_\_

**HOUSE/BUSINESS CHECK SHEET FOR THE TOWN OF CLAYTON, DE**

PLEASE FILL OUT AND LEAVE AT THE TOWN HALL. FAX TO (302) 653-2017 OR

MAIL TO P.O BOX 1130 CLAYTON, DELAWARE 19938

1. Person/Resident Submitting This Form: \_\_\_\_\_
2. Date Submitted: \_\_\_\_\_
3. Location/ Business/ Residence to be Checked **Street** Address:  
\_\_\_\_\_
4. Your Home/ Office Number that is to be checked: \_\_\_\_\_
5. Emergency Number the Police can phone if something occurs: \_\_\_\_\_
6. Immediate Local Number of Friend or Relative: (If Possible) \_\_\_\_\_
7. Period of Vacancy of your Residence or Business:  
From \_\_\_\_\_ to \_\_\_\_\_  
DATE DATE
8. Why is Your Home or Business being vacated?  
**Please Circle:** VACATION BUSINESS ILLNESS DEATH IN FAMILY  
RE-LOCATION OTHER \_\_\_\_\_
9. Please advise if any lights are left on at residence or any vehicles on property:  
\_\_\_\_\_