



To: Clayton Police Department

**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. Phone number where you can be reached: \_\_\_\_\_

5. Emergency phone number Police can call if something occurs: \_\_\_\_\_

6. Period of Vacancy of your Residence or Business:

From \_\_\_\_\_ to \_\_\_\_\_  
DATE DATE

7. Why is Your Home or Business being vacated?

**Please Circle:** VACATION BUSINESS ILLNESS DEATH IN FAMILY  
RE-LOCATION OTHER \_\_\_\_\_

8. Please advise if any lights are left on at residence or any vehicles on property:  
\_\_\_\_\_

9. Activities that may occur on property:  
\_\_\_\_\_