VACANT HOUSE REPORT

Area No _____ Date _____

Owner _____ Home Phone: _____

Address _____ Emergency Phone: _____

_____

Vacant from _____ until _____

Lights - - if any _____ Vehicles parked on property _____

Name of person to be contacted in case of emergency, or person who will be on property or have key _____

_____ Phone: _____

Officer receiving request _____

Checked on by Officer	Date & Time	Date & Time
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Date of return _____

(submit in triplicate)