



# VACANT PREMISES REPORT

For Police Dept & Security

## Homeowner Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Away Address: \_\_\_\_\_

Will lighting be left on at residence?  YES  NO Are the lights on a timer?  YES  NO \_\_\_\_\_ pm  
\_\_\_\_\_ am

Does the house have an alarm?  YES  NO If yes, name of Company \_\_\_\_\_

## Vehicles to Remain at Residence

| Year | Make | Model | Color | Location |
|------|------|-------|-------|----------|
|      |      |       |       |          |
|      |      |       |       |          |
|      |      |       |       |          |
|      |      |       |       |          |

## Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Has a Key **Yes**  **No**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Has a Key **Yes**  **No**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Has a Key **Yes**  **No**