**VACANT HOUSE CHECK FORM**

**PLEASE FILL IN ALL BLANKS AND PRINT ALL INFORMATION**

 Date Received Grid

Name Phone Number ( )

Address Residence Type (office use)

 **\*\*\*IMPORTANT\*\*\***

Date Leaving / / **APPROXIMATE DATE OF RETURN** / /

Away Address Away Phone ( )

1st Caretaker Name Caretaker Phone ( )

Address Has keys to home? [ ]  Yes [ ]  No

2nd Caretaker Name Caretaker Phone ( )

Address Has keys to home? [ ]  Yes [ ]  No

3rd Caretaker Name Caretaker Phone ( )

Address Has keys to home? [ ]  Yes [ ]  No

**HOME INFORMATION**

Any lights on timer? [ ]  Yes [ ]  No Please note times

Vehicle at home? [ ]  Yes [ ]  No Please describe

Does house look vacant? [ ]  Yes [ ]  No Street lights near your home? [ ]  Yes [ ]  No

Have you had a prior burglary or attempted burglary? [ ]  Yes [ ]  No

Any other comments?

**\*\*\*IMPORTANT\*\*\***

**PLEASE NOTIFY THE POLICE DEPARTMENT WHEN YOU RETURN**

**so that we can remove your name from our vacant house watch list**

I will not hold the North Port Police Department liable nor responsible for any damage done to my home while away.

SIGNATURE Date / /