**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 / /