UNOCCUPIED BUILDING

Name _____ Date _____ Time _____

Address _____ Phone Number _____

Furnished ☐ Unfurnished ☐ Type of Premises _____

Unattended from _____ To _____ Alarms: Burglar ☐ Fire ☐

Lights on Timers: Yes ☐ No ☐ if yes location _____

Vehicles: (make, model, license plate) _____

Contacts

Name _____ Phone _____

Address _____ Phone _____

Name _____ Phone _____

Address _____ Phone _____

Comments _____

_____

_____

_____

Name of Person completing form & giving information _____ Date _____

Officer use below

Date	Time	Comments	Date	Time	Comments