



Vacant Property Check # _____ Officer Assigned _____

Vacant House Check

VALID FOR NO MORE THAN 30 DAYS

Please print. Completed forms can be dropped off at the Antrim Police Department.

Name: _____

Address: _____

Home Phone: _____

Date Leaving: _____ Date Returning: _____

Who should be called in case of an emergency? _____

Phone # _____

Description of house: _____

Who is authorized to be on the property? Please include their license plate number and vehicle description.

Are you leaving any vehicles in the driveway? (If yes, please give license plate number and brief description).

If your house is alarmed, the Police Department will be responding to all alarms at your residence while you are away. You may wish to consider giving your code to any cleaners or contractors who will be at your residence during your absence.

Your signature _____

To be filled out by Police Department:

Date and time received: _____

Received by: _____

Vacant Property Check #_____ **Officer Assigned**_____

Address _____ **Emergency Contact** _____

Vacant Property Check Sheet

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