



VILLAGE OF GOSHEN POLICE DEPARTMENT

VACANT HOUSE CHECK FORM

DATE: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

IF SOMEONE IS WATCHING YOUR HOUSE OR IS AN EMERGENCY CONTACT, PLEASE LIST THEIR NAME, ADDRESS, AND PHONE NUMBER:

PLEASE CHECK OFF THE FOLLOWING, IF APPLICABLE:

ALARM SYSTEM: _____

LIGHTS LEFT ON: _____ IF YES, LOCATION: _____

ANY SERVICES THAT WILL BE AT LOCATION: _____ IF SO, PLEASE LIST COMPANY NAME AND DAYS THEY WILL BE AT LOCATION:

PLEASE LIST ANY VEHICLES THAT WILL BE LEFT IN DRIVEWAY:

MAKE AND MODEL	COLOR	LICENSE PLATE #

PLEASE LIST ANY OTHER ADDITIONAL INFORMATION YOU WANT THE DEPARTMENT TO KNOW ABOUT:
