



Police Director

Samuel A. DeMaio



Mayor

Michael J. Venezia

## Vacant House Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Vacant: \_\_\_\_\_

Date of Return: \_\_\_\_\_

Alarm System: Yes / No

Special Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_