



FRANKLIN BOROUGH POLICE DEPARTMENT VACANT HOUSE CHECK REQUEST FORM

Physical Address: _____

Home Owner's Name: _____ Contact Number: _____

Date Leaving: _____ Date Returning: _____

Will you be reachable by phone while away? Yes No

	Yes	No		Yes	No
Does your home have a safe?	<input type="checkbox"/>	<input type="checkbox"/>	Lights on?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home contain any firearms?	<input type="checkbox"/>	<input type="checkbox"/>	Newspaper cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home contain any pets?	<input type="checkbox"/>	<input type="checkbox"/>	Mail cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have an alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	Cars in driveway?	<input type="checkbox"/>	<input type="checkbox"/>
Does your home have video surveillance?	<input type="checkbox"/>	<input type="checkbox"/>			

Please provide a list of contact telephone numbers for contact person(s) in the event of an emergency or alarm. List them in the order that you would like them contacted.

	Name	Contact Number(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____

CARETAKER INFORMATION

Caretaker's Name: _____ Contact Number: _____

Caretaker's Address: _____

FOR AGENCY USE ONLY	
_____ Received By	_____ Date

Home Owner Signature _____
Date