



# WASHINGTONVILLE POLICE DEPARTMENT

38 East Main Street  
Washingtonville, NY 10992  
(845) 496-9123

Stephen Bogert  
Chief of Police

## Vacant House Check Form

(Maximum 30 days)

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

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date Vacating: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Name of Local Person in Case of Emergency: \_\_\_\_\_

Local Person Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Lights Left On: \_\_\_\_\_ Timer: \_\_\_\_\_

Alarm System: \_\_\_\_\_ Vehicles in Driveway: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered Into IMPACT by: \_\_\_\_\_ Date: \_\_\_\_\_