

Morris County Communications Center Vacant House Check Form

Municipality _____

Date Received			
Street Address			
Last Name		First Name	
Phone Number		Cell Phone	
Reporting Person			

Vacant From:		To:	
--------------	--	-----	--

Key Holder - Name		Municipality	
		Phone Number	

Where may you be contacted in case of an emergency?			
Address/Resort/Town		Phone Number	

Lights on Timers	YES	NO	Steady	YES	NO
------------------	-----	----	--------	-----	----

Car(s) in	Make		Model		Plate #	
Driveway	Make		Model		Plate #	

Alarm	Y	N	Type:	
Monitoring Company			Phone Number	

Name of anyone watching the house, pets, watering plants, ETC			
Name		Phone Number	

Contractors expected to be at the house?	Y	N	
Company Name		Phone Number	

Additional Information	

Operator # :	Date:
--------------	-------