

REPORT OF VACANT HOME
POLICE DEPARTMENT
ROME, NEW YORK

NAME _____ PHONE NO. _____

ADDRESS _____

DEPARTURE DATE _____

RETURN DATE _____

KEYS LEFT WITH, NAME _____

ADDRESS _____

PHONE NO. _____

WILL LIGHTS GO ON? _____ TIME ON _____

YES NO

TIME OFF _____

OTHER INFORMATION _____

RECEIVED BY: _____ RANK _____ DATE _____

NAME