

VACANT HOME / BUSINESS INFORMATION

Municipality: **BRIELLE**

REPORT DATE: _____

Resident/Business Name: _____

Street Address: _____

Resident/Business Phone Number: _____ Cellular Number _____

Departure Date: _____ Return Date: _____

Description of Vehicles left in driveway: _____

Location of Lights on Timers: _____

Time of Operation of Lights on Timers: _____

Persons Permitted in and out of the Residence/Business: _____

Residential/Business Alarm: YES or NO (Circle One)

Alarm Co. Name and Phone Number: _____

Name and Number of Person to Reset Alarm: _____

Weapons Left in Residence (YES or NO): Type & Location _____

Animals Left in Residence: _____

LOCAL EMERGENCY CONTACT/KEYHOLDER INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

RESIDENT/BUSINESS EMERGENCY CONTACT INFORMATION: _____

LOCATION: _____

PHONE NUMBER: _____

OFFICE USE ONLY

RECEIVED BY: _____ OPERATOR # _____

DISPOSITION: FAXED VERBAL PHONE MAILED OTHER: _____

DELIVERED TO: _____ TIME: _____ OPERATOR: _____