## AUBURN POLICE DEPARTMENT VACANT HOUSE CHECK FORM

Addre	ess		Owner	
Reque	est made	e by	Phone	
			Other:	
			If yes, type of alarm	
Lights left on? Yes No Constant? Yes No Aut				
		anyone? Yes No If yes, name/a		
,.		,		
Other	person	s that will have access to the premises (Relati	ves, Workers, Neigh	nbors, Employees):
In case of EMERGENCY, do you wish to be notified by coll c/o Name Address				
	/	a security check (vacant house check) be ma and I agree to notify the Auburn Police De		return.
		OFFICER'S SECURITY	CHECK REPORT	
DATE	TIME	PREMISES SECURE √ (if not, state report filed	d or action taken)	OFFICER'S SIGNATURE
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