TOWN OF PLAINFIELD
POLICE DEPARTMENT
VACANT HOUSE CHECK REQUEST

Incident Number: _____

Date: _____

Time: _____

Name: _____ Phone #: _____

Address: _____

Vacant from: _____   Until: _____

Persons looking after house: Name: _____

Address: _____

Phone #:   _____

Contact owner at: _____

Telephone #: _____ E-mail: _____

Alarm activated: ____ yes   ____ no   ____ n/a

Plumber: _____

Oil company: _____

Lights left on: ____ yes   ____ no   ____ on a timer where? _____

General Information: _____

(visitors, vehicles   _____

left in drive, pets   _____

being fed, etc.)   _____

Received by: _____ Telephone In-Person Letter radio

Date	Time	Checked By	Remarks

Date Returned: _____ Problems: _____