



VENICE POLICE DEPARTMENT

1350 Ridgewood Avenue
Venice, Florida 34292
(941)486-2444



VACANT RESIDENCE REPORT

DATE: _____

NAME: _____ PHONE #: _____

ADDRESS TO BE CHECKED: _____

DATE LEAVING: _____ DATE RETURNING: _____

YOUR EMERGENCY CONTACT INFORMATION WHILE GONE:

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL PHONE #: _____

LOCAL CAREGIVER INFORMATION / NAME:

ADDRESS: _____ PHONE #: _____

DO THEY HAVE A KEY? YES NO

NEIGHBOR NOTIFIED TO WATCH HOUSE / NAME:

ADDRESS: _____ PHONE #: _____

DO THEY HAVE A KEY? YES NO

VEHICLE IN DRIVE: YES NO

COLOR: _____ MAKE: _____ TAG #: _____ STATE: _____

COMMENTS:

REMINDERS:

UTILITIES:

ELECTRICITY: OFF ON

WATER: OFF ON

PHONE: OFF ON

DELIVERIES:

PAPER STOPPED: YES NO

MAIL STOPPED: YES NO

AUTOMATIC NIGHT LIGHTS: YES NO

OTHERS STOPPED: _____

I am requesting a Security Check be made of my premises, and agree to notify the VENICE POLICE DEPARTMENT immediately upon my return. I hereby release the VENICE POLICE DEPARTMENT from any responsibility due to property damage, theft, burglary and/or any other criminal activity during my absence.

Signature of Owner/Resident

***** The Owner/Resident of the property must deliver this form to the VENICE POLICE DEPARTMENT. *****

BELOW IS FOR DEPARTMENTAL USE ONLY

C.A.D. #: _____ DATE RECEIVED: _____ RECEIVED BY: _____

DATE ENTERED INTO C.A.D. SYSTEM: _____ ENTERED BY: _____

DATE: _____ CONDITION: _____ P.I.D. #: _____

(USE BACK OF FORM FOR FURTHER ENTRIES)