



Milton Police Department  
 37 Bombardier Road  
 Milton, VT 05468  
 (802) 893-6171 Voice  
 (802) 893-6032 Fax



## VACANT HOUSE CHECK FORM

Please print. Completed forms can be dropped off at the Milton Police Department between 8:00 am to 4:00 pm Monday – Friday or faxed to (802) 893-6032. If faxed, please call to ensure the form has been received.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date leaving: \_\_\_\_\_ Date returning: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Description of house: \_\_\_\_\_

Check all applicable:  Someone will be checking the property  You will be away more than 30 days

Who is authorized to be on the property? Please include their license plate number and vehicle description and scheduled time on property.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you leaving any vehicles in the driveway? (Please describe) \_\_\_\_\_

Are you leaving any vehicles in the garage? (Please describe) \_\_\_\_\_

Are lights on or on timers? YES NO timer      Any outside lights? YES NO timer

Are you leaving any pets home? If so, please not type of pet and where they will be located.

\_\_\_\_\_  
 \_\_\_\_\_

Is house alarmed? YES NO      What type of system? \_\_\_\_\_

Alarm company name and phone number: \_\_\_\_\_

By signing this form you are authorizing members of the Milton Police Department to be present on your property and enter your residence should an emergency be discovered.

Your Signature: \_\_\_\_\_

<b>To be completed by Police Department</b>	
Date & time received: _____	Disp: _____
Case number: _____	