



Case#: _____

**VILLAGE OF HOMER POLICE DEPARTMENT
VACANT HOUSE CHECK
OWNER / CONTACT INFORMATION**

Name: _____ Home Phone: _____ Cell Phone: _____

Address to be Checked: _____

Date Leaving: _____ Date Returning: _____

Can You be reached While Away? **Yes / No** If "Yes" Phone Number: _____

Is Your Residence Equipped With an Alarm System? **Yes / No**

If "Yes" Alarm Company Name: _____ Phone Number: _____

Is Alarm in Service? **Yes / No** If "Yes" Type of Alarm: Monitored / Audible / Video

Any surveillance cameras? **Yes / No** Location: _____

Lights on Timers? **Yes / No** What Time do Lights Come on: _____

Residential services (snow removal, lawn care, ect.) **Yes / No** Name on Company /

Person: _____

Any damage to Residence at This Time? **Yes / No** Type/Location: _____

Vehicles Being Left at Residence? **Yes / No** If "Yes" Description and Plate Number: _____

Will Anyone Checking Your Residence Besides the Police ? **Yes / No** If "Yes", Names and Vehicle Description: _____

Additional Information: _____

LOCAL EMERGENCY CONTACT PERSON INFORMATION (Local: 15 – 20 minute response to residence)

1. Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Does Persons have a set of keys? **Yes / No**

2. Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Does Persons have a set of keys? **Yes / No**

The Police Department will make every effort to contact you first then a contact person in the event of a problem or emergency at your residence.

***Reminders:** make sure your residence is secure (all doors and windows are locked); you have placed a hold on your mail, newspapers or any other deliveries; secure any valuables or firearms in a safe or at other location; other safety tasks are completed (batteries in smoke detectors changed and precaution so pipes do not freeze).

***The Village of Homer Police Department extends Vacant House Checks to residents as a courtesy and should not be misconstrued as an obligation on the part of the Department. The Village of Homer Police Department is not to be considered the caretaker or custodian of any property and assumes no responsibility for loss or damage to any property listed above. I hereby acknowledge that I have read, understand and agree to the above statement.**

Resident/Property Owner: _____ Date: _____

Form can be mailed to: Village of Homer Police Department, 43 ½ James St, Homer, NY 13077 or emailed to: homerrecords@homerny.org

If received by phone, name of the officer / personnel completing this form: _____

*sections to be read to resident