

East Hanover Police Department

Vacant House Check

Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province



Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Start date *

Date

End date *

Date

Select all that apply *

- Lights on / on timers?
- Vehicles left in driveway? (see below)
- Alarm system active?
- NonAlarm e

Vehicles left in driveway type, and license plate

Only if applicable

Emergency Contacts

Please list the name of at least one person who we may contact in case of emergency.

Emergency contact #1 *

First Name

Last Name

Emergency contact #1 Phone number *

Please enter a valid phone number.

Emergency contact #2

First Name

Last Name

Emergency contact #2 Phone number

Please enter a valid phone number.

Other remarks.

