



# Saratoga Springs Police Department



## Vacant Residence Report

<u>RESIDENCE INFORMATION</u>				
Address:				
Owner's Name:				
Owner's Address:				
Owner's Phone:			Cell Phone:	
Date vacant     /     /			Date Returned:     /     /	
<u>EMERGENCY CONTACT INFORMATION</u>				
Name:				
Address:				
Home phone:			Cell phone:	
Name:				
Address:				
Home phone:			Cell phone:	
Name:				
Address:				
Home phone:			Cell phone:	
<u>MISCELLANEOUS INFORMATION</u>				
Is there an Alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO		Alarm Company Name:		
Vehicles in driveway? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone:		
Year	Make	Model	Color	License Plate
Year	Make	Model	Color	License Plate
Year	Make	Model	Color	License Plate
Miscellaneous:				

Request must be delivered in person by the property owner to:

**Saratoga Springs Police Department**  
5 Lake Avenue  
Saratoga Springs, NY 12866