



Lake Placid Police Department

Vacant Residence Report

Residence Information	
Address:	
Owner's Name:	
Owner's Address:	
Owner's Phone:	Cell Phone:
Date Vacant: / /	Date Returned: / /

Emergency Contact Information	
Name:	
Address:	
Home Phone:	Cell Phone:

Name:	
Address:	
Home Phone:	Cell Phone:

Miscellaneous Information				
Is there an alarm? Yes <input type="checkbox"/> NO <input type="checkbox"/>		Alarm Company Name:		
Vehicles in Driveway? Yes <input type="checkbox"/> No <input type="checkbox"/>		Alarm Company Phone:		
Year:	Make:	Model:	Color:	License Plate:
Year:	Make:	Model:	Color:	License Plate:
Is anyone else checking property? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Who:				
Miscellaneous Info:				

Residence Checked:			
<u>Date</u>	<u>Time</u>	<u>Officer</u>	<u>Miscellaneous</u>

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

Lake Placid Police Department
 2693 Main St. Suite 104
 Lake Placid, NY 12946